

# **FAMILY CHILD CARE POLICY HANDBOOK**

September 2016

# **Family Child Care Provider Policy Handbook**

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The purpose of this handbook is to assist family child care providers with the registration process and interpretation of the policies and regulations pertaining to family child care. The handbook also offers resources and information that are helpful in establishing a family child care business.

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This section provides in-depth information about requirements for family child care registration. The information is taken from the Administrative Rules Chapters 67:42:03 Family Day Care and 67:42:16 Scope of Services for Child Care Programs, that govern family child care registration in South Dakota.

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# **THE FAMILY CHILD CARE PROVIDER POLICY HANDBOOK**

## **SECTION 1 – FAMILY CHILD CARE REGULATIONS**

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The requirements for Family Child Care registration are based on South Dakota Codified Law (SDCL), Administrative Rules of South Dakota (ARSD) and Federal Laws.

The list of laws pertinent to child care programs can be found in Section 5 of this handbook and/or accessed on the State of SD website at [http://www.sdlegislature.gov/statutes/Codified\\_Laws/QuickFind.aspx](http://www.sdlegislature.gov/statutes/Codified_Laws/QuickFind.aspx) by inserting the specific law number.

SDCL 26-6-16 gives authority to the Department of Social Services (DSS) to develop Administrative Rules that set the standards for care of children. The rules that registered child care providers are required to meet are found in Chapters 67:42:03 Family Day Care and 67:42:16 Scope of Services for Child Care Programs. These two chapters are given to registered providers at the initial inquiry for registration and at each renewal of their registration.

The Federal laws pertaining to child care can be found at 42 USC § 9858c.

There are many aspects to the regulations that govern Family Child Care. The following pages provide a more in-depth look into registration and a justification and/or explanation of the intent of the rules.

If after consulting these pages you have additional questions, please contact your local licensing specialist.

## **QUALIFICATIONS AND HIRING REQUIREMENTS**

### **Qualifications For A Family Child Care Provider (67:42:03:06, 67:42:03:07.03, 67:42:03:04, 67:42:03:07.02)**

Before a certificate of registration can be issued, the licensing specialist obtains information which ensures:

- The provider is at least 18 years of age.
- The provider demonstrates the capacity to provide care for children that meets the child's physical, social, cognitive and emotional needs.
- The provider's family and/or household composition and relationships do not have the potential to adversely affect a child in care.
- Unrelated individuals provide positive references for the provider.
- The provider, or any household member, does not have a substantiated report of child abuse and neglect.
- The provider, any household member, or helper providing care or having unsupervised access to the children in care, does not have a conviction for a crime of violence, a sex crime, a crime indicating harm to children, felony spousal abuse or battery, or any felony conviction within the past five years.
- The provider does not owe child support arrearages which total \$1,000 or more. South Dakota Codified Law 25-7A-56 requires that if an individual owes child support arrearages which total \$1,000 or more, the provider must have a satisfactory arrangement with the Division of Child Support for the repayment of the arrearages before a registration certificate can be issued. If this law applies and an arrangement has not been reached with the Division of Child Support, contact the Child Support office at (605) 773-3641 to resolve any outstanding issues.

- Provider becomes certified in Cardiopulmonary Resuscitation (CPR) before a registration is issued. CPR includes a hands-on skill test as part of the training.
- The provider completes orientation training, in the areas outlined on page 9, within 90 days after an initial registration certificate is issued.

## **Qualifications For Helpers (67:42:03:07.01)**

**A** registered provider can use a helper to assist with care of children in the registered home. A helper is required to be present, *with the registered provider*, if there are more than four children under 2-years of age or more than two children under 1-year of age present at the family day care home. A helper can also be used to provide care for the children while the registered provider is away from the home. A registered provider is limited to being away from the home with a helper in charge, for no more than 12 hours per week.

A helper must be at least 18 years of age before being left alone with children in care.

The minimum age for a helper is at least **14 years of age**. But if the helper is between 14 and 17 years of age, the helper is to be directly supervised by the registered provider at all times, and not left alone with children until at least 18 years of age.

## **Helper Hiring Requirements (67:42:03:07.01; 67:42:16:04)**

Before a helper is employed or volunteering, and before the helper has contact with any children in care, the registered provider must complete the following hiring requirements:

1. A registered provider is to maintain a record on each helper and make the records available to the department upon request. The helper's record is to include:

- Identifying information (such as on an application with full name, other names used, etc.)
  - Date of birth
  - Address and phone number
  - Documentation of references
  - Date of employment
  - Documentation the results of the DCI, FBI, central registry check, and sex offender check do not prohibit the helper from employment.
  - A statement signed by the helper that outlines their legal responsibility to report all incidents of child abuse or neglect to law enforcement or the Department of Social Services as outlined in SDCL 26-8A-3 and 26-8A-8 (See section 3 of this policy handbook for reporting requirements).
  - Documentation of orientation training completion.
  - Documentation of annual training hours (6 hours required each year).
2. The provider contacts three references which may include the helper's former employers. The references may not be related to the prospective helper. References must be in the form of a documented conversation or written letter that is placed in the helpers file at the registered home.
  3. The provider submits to the licensing specialist a Permission to Screen form, a DCI and an FBI fingerprint card which is filled out and signed by the helper and contains the rolled fingerprints of the helper. Fingerprint cards are available through your licensing specialist. See page 8 of this section for additional background check requirements.
  4. The helper completes orientation training within 90 days after the initial date of volunteering or employment in the family child care home. See page 9 for orientation details;
  5. The helper becomes certified in CPR before being left alone with children and maintains a valid CPR certification;
  6. Obtain **6 hours of training** each year;



A helper's records are required to be kept for six months after employment or volunteering ends. To assist with obtaining all required hiring information, optional staff file folders are available, contact the licensing specialist for a supply.

### **Background Check Requirements (67:42:16:04)**

Prior to a helper having contact with children in care, the registered provider is to submit the following documents:

1. Permission to Screen form. This form is for screening helper's name against the Central Registry of Child Abuse and Neglect. This screening does not include any criminal convictions. The Permission to Screen form and instructions for completing the form are found in Section 2.
2. Declaration of Prior Criminal Conviction and Military History Form. List all convictions including misdemeanors and felonies. If there were no convictions, write "none".
3. DCI fingerprint card. Fill out and sign the front and back of the card. This check identifies any criminal convictions in South Dakota.
4. FBI fingerprint card. Fill out and sign the front of the card. This check identifies any criminal convictions in all states.

Submit all forms to the Child Care Services licensing specialist. When the forms are received, a search of the following will be completed:

1. South Dakota Central Registry
2. Out-of-State Central Registry
3. South Dakota Division of Criminal Investigation (DCI)
4. Federal Bureau of Investigation (FBI)
5. South Dakota Sex Offender Registry
6. National Crime Information Center Sex Offender Registry

When the background check is completed, the registered provider will receive written documentation that the helper is eligible to be employed, or the provider will be contacted that the helper is not eligible to work in the program. This documentation is to be kept on file at the family day care home.

Ineligibility to work in a child care program is determined if the potential helper's name is listed on the Central Registry of Child Abuse and Neglect or if the helper was convicted of any crime that prohibits employment, including:

- A crime indicating harmful behavior toward children;
- A crime of violence as defined in SDCL 22-1-2 or a similar statute of another state. Including, but not limited to, murder, rape, pedophilia, assault, riot, robbery, burglary in the first or second degree, arson, kidnapping, felony sexual contact, child abuse or neglect.
- Felony convictions of spousal abuse, physical assault or battery.
- A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statute of another state; or
- A substantiated report of child abuse or neglect;
- Within the preceding five years, a conviction for any other felony.

In addition, a helper is ineligible for employment if they:

- Knowingly make false statements in connection with this background check;
- Are registered, or required to be registered, on a Sex Offender Registry; or
- Refuse to consent to the background check.

## **TRAINING REQUIREMENTS**

### **Orientation Training (67:42:03:07.06)**

All registered providers and helpers are required to complete orientation training within 90 days after the date they begin employment, or volunteering. The orientation training is beginning level training that includes the following categories:

1. Prevention and control of infectious diseases
2. Prevention of sudden infant death syndrome and use of safe sleep practices
3. Administration of medication
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building and physical premises safety

6. Prevention of shaken baby syndrome and abusive head trauma
7. Emergency preparedness and response planning
8. Handling and storage of hazardous materials, disposal of bio-contaminants
9. Precautions in transporting children
10. Recognizing and reporting child abuse and neglect
11. First Aid, and
12. CPR certification

Orientation training is available through the following entities:

- 1. The Early Childhood Enrichment (ECE) offices.** A free, 4.5-hour training encompasses all of the required training categories listed above except numbers 10, 11 and 12. Orientation training counts toward the annual training requirements in the first year of registration. Contact your local ECE program for information on accessing training. See Section 3 for ECE contact information. A certificate is issued after the training is completed. Keep a copy of the certificate as documentation of training completion.
- 2. Better Kid Care.** Contact your licensing specialist for information to access this free, 6-hour training. The Better Kid Care training encompasses all of the required training categories listed above except numbers 10, 11 and 12. Orientation training counts toward the annual training requirements in the first year of registration. Contact your licensing specialist for information on how to access this training. A certificate is issued after the training is completed. Keep a copy of the certificate as documentation of completion. Keep your user ID and password in the event you ever need a copy of the orientation training certificate.
- 3. Recognizing and Reporting Child Abuse and Neglect training.** This free 1-hour training can be accessed at: <http://dss.sd.gov/childprotection/>. Under "Other Links" on the right hand side of the page, find and click on "Training for Mandatory Reporters." Click on the "Begin Video" button at the bottom of the page. Complete the registration information using "Licensed or Registered Child Welfare Provider" as the Reporter Type. At the end of the training you will be able to print a certificate of completion.

Keep a copy of the certificate as documentation this training was completed.

- 4. First Aid Orientation training.** Is provided through your local ECE. Contact the ECE program for information on upcoming training opportunities. In addition, first aid training is also available online at: <http://www.firstaidforfree.com/free-first-aid-course>.

A certificate is issued when the training is completed, keep this certificate as verification training was completed.

- 5. CPR Certification.** Administrative rule requires that CPR training include hands-on skill testing as part of the training. There are a variety of options to obtain CPR training in your local community. Contact your licensing specialist for more information.

### **Annual Training Requirements (67:42:03:07.02)**

**P**rofessional development options offered annually provide more in-depth training, designed to improve the knowledge and skills of the workforce that will promote social, emotional, cognitive and physical development of children in care.

**R**egistered providers and each helper are required to participate in at least **6 hours** of training each year. A maximum of three hours of training may be obtained from reading a book or watching a video. The other three hours are to be obtained from more formal, professional sources such as online or in-person group trainings. Documentation of training is to be kept on file. The training is to be from at least 3 of the following topic areas:

1. Child growth and development;
2. Detecting and reporting child abuse and neglect;
3. Guidance and behavior management;
4. Food handling techniques;
5. The identification and prevention of communicable diseases;
6. Program health and safety;
7. Nutrition for children;
8. Program management and regulation;

Training list is continued on the next page...

9. Communication and relations with staff;
10. Cultural diversity;
11. Learning environments;
12. Age appropriate activities and planning;
13. Professionalism;
14. Partnerships with parents;
15. Inclusion of all children;
16. Basic first aid; and
17. CPR - **each provider is required to complete CPR training and become certified *before* a registration certificate is issued. Each helper is required to complete CPR training within 90 days of employment or prior to being left alone with children. CPR training is to include hands-on skills testing. CPR certification is to remain valid at all times.**

### **Documentation of Training Activities**

Before the department renews a registration certificate, the registered provider supplies the department with documentation that training was completed.

When keeping track of the time spent in a training activity (class attendance, video viewing, book read, etc.) use these guidelines:

- 'hour for hour' credit is given for classes or workshops attended
- 'hour for hour' credit for viewing *an approved* video
- 15 hours credit is given for each 1 credit college course completed
- 10 hours credit is given for each Continuing Education Unit (CEU) completed
- 1 hour of credit is given for every 50 pages read of reading material
- CPR training is counted 'hour for hour' of *actual* training time. The time spent waiting to test on the mannequins is not counted as training.

When documenting training activities, include the following:

- Date the training is completed or time frame a book was read
- Title of the class, workshop, video, book, etc.
- Subject covered by the training activity (i.e. discipline, nutrition, child development)

- Training source (i.e. name of sponsoring organization, instructor name, etc.)
- Length of time of the training activity or number of pages read in a book

## **Locating Training Opportunities**

There are many ways to obtain training, including the following:

1. In-person training sessions provided by the local Early Childhood Enrichment (ECE) program, see Section 3 for contact information.
2. Online training provided through the ECE.
3. Training sessions provided/organized by local child care provider associations; or sponsored by local entities such as County Extension, adult education classes, church & community groups, parent/teacher organizations, etc.
4. Local college or university courses.
5. Training presented by licensing staff or the Child & Adult Care Food Program.
6. Video-taped presentations.
7. Reading resource books or materials and submitting a written report of the content to your licensing specialist.

***CPR certification is required before a registration certificate is issued so it is important for providers to check into CPR classes right away.*** CPR training is required to include hands-on skill testing with a mannequin as part of the training. This type of training can be obtained through a variety of organizations in different communities, including but not limited to the following:

- Early Childhood Enrichment (ECE) programs
- Emergency Medical Technicians (EMT's) or ambulance services
- Clinic or hospital
- Red Cross or the American Heart Association

Training materials in many of the training categories can be checked out or obtained from several sources. Some choices to explore are:

- |                                       |                           |
|---------------------------------------|---------------------------|
| • Early Childhood Enrichment programs | • County Extension Office |
| • Provider Organizations              | • Head Start agencies     |
| • Local/College library               | • Responsive Parenting    |
| • South Dakota Career Centers         | • Red Cross               |
| • Local Counseling Agencies           | • Child Protection Team   |

## HEALTH REQUIREMENTS

### Provider Health Requirements (67:42:16:07)

Administrative rule requires registered providers to supply the following medical information before the initial certificate of registration can be issued:

- 1. A report of a physical exam for the provider.** A Health Report Form is provided for this purpose. A physician, physician's assistant, or a certified nurse practitioner completes the exam and signs the form. If a physical exam was completed within the 12 months prior to application, a doctor can use the information from that exam to complete the Health Report and a new exam is not necessary.
- 2. Current immunization records for each of the provider's own children under the age of 18 years and who are living in the home.**  
The record can be either a photocopy of the child's existing immunization records, or the immunizations and dates can be written in the section provided on the back of the Health form.

An exemption for current immunizations is allowed by state law for two specific purposes:

- **A medical exemption.** If a child is not able to receive the recommended immunizations because the child's physical health would be endangered by the immunization, a written statement from a licensed physician documenting this condition must be submitted with the Health Report form.
  - **A religious exemption.** If immunization of child is contrary to the provider's beliefs which are adherent to a religious doctrine whose teachings are opposed to such test and immunizations, a signed statement by the provider, acknowledging this belief, is required.
- 3. Additional medical information may be requested as necessary.** If a situation occurs, such as a change in the health of the applicant, a change in the health of an individual in the applicant's household, or any change that

may negatively impact children in care, an additional medical statement may be requested.

At renewal of a certificate of registration, the registered provider submits updated records such as immunization records for the provider's own children.

## **MAXIMUM NUMBER OF CHILDREN ALLOWED**

### **Number of Children in Care (67:42:03:04.01)**

South Dakota Codified Law 26-6-14.1 defines a registered family day care. The law allows a registered provider to care for a maximum of 12 children including the provider's own children under six years of age. Regardless of the number of adults present, state law allows a maximum of 12 children in one family child care home at any one time.

### **Infant Toddler Care (67:42:03:04.01)**

The Administrative Rule referencing staff to child ratio states:

**"A family day care provider may care for a maximum of 12 children. No more than four of the 12 children may be under 2-years of age and no more than two of those four children may be under 1-year of age unless there is a registered helper in the home.**

**The maximum number of younger children allowed in care if a helper is present in the home with the provider: eight children under the age of two, and of those eight children, no more than four under the age of one.**

If a helper is *required to be present* due to the number of children in care who are under the age of two, the helper hiring requirements must be completed prior to use of that helper. See page 2 in this section for helper qualifications and hiring requirements.



Example: When a child reaches the 1<sup>st</sup> birthday, they no longer are counted in the number of children *under* age 1. When a child reaches the 2<sup>nd</sup> birthday, they are no longer counted in the number of children *under* age 2.

### **School Age or Emergency Care (SDCL 26-6-15.1)**

South Dakota Codified Law 26-6-15.1 establishes conditions when additional children can be cared for in a registered family child care home. These conditions are only extended to registered and licensed child care facilities.

The conditions established are for the following two circumstances only:

1. If the additional children are of school age, beyond the grade of kindergarten, and receive care only before or after school hours (until 8:00 am in the morning or after 3:00 pm for the afternoon), and/or
2. If the additional children are at the family child care home because of a family emergency or special circumstance.

Family emergencies and special circumstances are identified as being temporary in nature and cannot be anticipated or planned for in advance.

These circumstances can be, but are not limited to, the following:

- School cancellation due to weather or other unexpected circumstances;
- Illness or emergency experienced by child's regular child care provider;
- Illness, medical or family emergency, experienced in child's family;
- Child's parent unexpectedly called to work;
- Emergency foster care placement, permanent arrangements being made;
- Fire or natural disaster damage at child's regular child care facility.

Situations that would not be considered as emergencies or special circumstances include, but are not limited to, the following:

- School holiday vacations
- School summer vacation
- Pre-planned late start or early dismissals from school

Questions about this information or specific circumstances should be directed to the local licensing specialist.

Any additional children who are under 2-years of age, who are in care because of a family emergency or special circumstance, are to be included in the maximum limit of four children under 2-years of age.

**City ordinances may affect family child care homes.** Cities or counties may establish local ordinances that child care providers are required meet. Providers are responsible to contact their local city government for further information about any such requirements. When regulations between state and local government differ, providers are required to meet the more strict requirement. For example, if a city requires a fenced in play area but the state does not, a provider would need to meet the city requirement for a fence prior to being state registered.

## **RECORD KEEPING**

### **Child Records (67:42:03:08, 67:42:16:13, 67:42:16:14)**

Administrative Rules require registered providers to keep on file specific information regarding the children enrolled in their program to ensure information is quickly accessible in an emergency. As a registered provider, the following information is to be on file for each of the children, prior to their attending the day care:

1. Child's name, date of birth, and name & telephone number of child's parent or guardian.
2. Date child is enrolled in the day care.
3. Date enrollment is terminated.
4. Names and telephone numbers for persons to contact in the event of an emergency.
5. Signed authorization from child's parent or guardian for the provider to obtain emergency medical care for child if necessary.
6. Child's current immunization record.

It is the responsibility of the provider to ensure that all written information is on file at the family child care and made available to the Department. This file information must be kept for six months after the care of the child has ended.

Child Care Services has developed child file folders to assist providers in obtaining all required information. If you choose to use these folders, contact your licensing specialist for a supply.

### **Exemption for Child Records**

Administrative Rule requires the above information to be on hand *before* the child attends the day care. An exemption in federal law to having immunization records prior to enrollment would be in the event of a family who is experiencing homelessness, or in a foster care placement. For these two situations, if the record is not accessible at the time of enrollment, the child care be enrolled, and the record is to be obtained and placed in the file as soon as possible. Notify your licensing specialist if there is a delay in obtaining an immunization record beyond two weeks after the child is enrolled.

### **Confidentiality (67:42:16:14)**

South Dakota law requires providers to maintain in confidence all information concerning the child's life and that of the child's family. Providers cannot share this information with unauthorized individuals. This includes sharing pictures or information regarding children or families via social network.

### **Immunization Requirements For Enrolled Children (67:42:03:08)**

Administrative Rule requires children, enrolled in a family child care, to meet the immunization recommendations set forth by the South Dakota Department of Health. The child's written record of immunization must be signed by a

physician, physician's assistant, or certified nurse practitioner. The written record can be in the form of:

- an original immunization record
- a photo copy of the original record
- a carbon copy of the original record
- a completed generic immunization form with doctor/nurse signatures, or
- a record from the South Dakota Immunization Information System

A schedule of immunization requirements can be found in Section 2.

The immunization schedule may be updated periodically as recommended by the South Dakota Department of Health. A new schedule of immunizations will be sent to all providers any time updates are made.

## **HEALTH AND MEDICAL CARE**

### **Medical Authorization For Enrolled Children (67:42:03:08)**

Many clinics or hospitals may not provide services to a child without parental authorization. In order to ensure prompt medical services for children in care, registered providers will need to have written parental permission on hand in case of such an emergency. The permission should be signed by the child's parent or guardian, giving authorization to obtain emergency medical care for the child if necessary.

### **Serious Injury or Illness (67:42:16:09)**

Providers are required to notify the Department within 24 hours after the occurrence of an unusual incident at their registered home such as a fire, serious injury or death of a child, etc. A serious injury is one in which a child was seen by a doctor, or hospitalized.

## **Guidelines for Medications (67:42:03:08.01)**

If a registered provider chooses to administer medications to children as part of their care, written permission from the child's parent or guardian is required in order to do so. Written parental permission is to include:

1. the name of the medication;
2. specific dates to be administered; and
3. instructions for administering the medication.

NOTE: A blanket statement such as "give Tylenol as needed" does not meet the intent of this requirement.

Any medication administered at the family day care home requires documentation. The registered provider or helper administering the medication is required to document in writing:

1. the name of the child who was given the medication;
2. The time and date medication is administered;
3. The dose administered; and
4. The signature of the provider or helper administering the medication.

This documentation is to be available to the parent as well and is to be kept on file at the home for six months.

Storage of medications is important for the safety of the children in care. Providers are required to store all medications in a place that cannot be reached by children. In order to eliminate the possibility of medication spilling and contaminating other foods in your refrigerator, medications that need to be refrigerated are to be placed in a separate nonabsorbent container. The container is to be labeled as "Medications" so other parents or helpers know what is in the container. Nonabsorbent containers may be glass, plastic, or metal. A sealed plastic bag (baggie) can also be used.

## **Care of Sick Children & Reporting Contagious Diseases (67:42:03:08)**

A registered provider may choose to care for a sick child as long as that child does not have a communicable/contagious disease. If a child does contract a communicable disease, the provider is required to:

1. follow the Department of Health's (DOH) recommendations for excluding children who are contagious; and
2. report contagious diseases to the DOH.

Doctors are also mandatory reporters of contagious disease. When the registered provider and the doctor both report to DOH, then DOH doesn't have to search for where this child is in care to assure all people in contact are aware of the situation and how to prevent the spread of that disease. Reporting to the DOH also gives a registered provider the opportunity to ask any questions related to the disease or what steps to take to prevent the spread of the disease to other children or family members. It is better to over report than to under report this type of information. Call the DOH with any questions about reporting or to report a communicable disease:

**The South Dakota Department of Health  
Division of Communicable Disease  
605-773-3364 or 1-800-592-1861**

**A list of reportable communicable diseases & reporting instructions:**

**<https://doh.sd.gov/diseases/infectious/reporting.aspx>**

**A list of communicable diseases exclusion requirements:**

**<https://doh.sd.gov/diseases/assets/ChildCareExclusion.pdf>**

## CHILD ABUSE AND NEGLECT REPORTING

### Reporting Incidents of Suspected Child Abuse and Neglect (67:42:16:09)

South Dakota Codified Law (SDCL) 26-8A-3 states that any registered providers, who have reasonable cause to *suspect* that any child under the age of 18 years, has been abused or neglected as defined by SDCL 26-8A-2, are considered mandatory reporters of child abuse and neglect and are to *report that information to*:

1. *the Department of Social Services (DSS) at **1-877-244-0864**,*
2. *the State's Attorney office, or*
3. *a local law enforcement office.*

This law makes it mandatory for all registered providers to report suspected child abuse and neglect to one of these three entities. Failure to report child abuse and neglect is a misdemeanor and is both a violation of child care rules and state law. Keeping documentation of who a report is made to, the date of the report, etc., may help you in demonstrating your compliance with this requirement. This law helps protect children from abuse.

Child Protection Services and law enforcement agencies are required by law to investigate all reports of child abuse or neglect. The information learned in these investigations is confidential.

If you are unsure as to whether an incident would be considered child abuse or neglect – it is better to err on the side of protecting the child and report it to **Child Protection Services at 1-877-244-0864, to the States Attorney, or to local law enforcement.** These entities will determine whether the information meets the definition of abuse or neglect. Reports do not always mean a child is removed from the family. There are many services that Child Protection has available to families going through a rough time that can help a parent and protect children.

**The names of people who report child abuse or neglect are not divulged by the Department of Social Services (DSS) during an investigation.** DSS does not reveal that information to the referent at the time of the investigation. Any guesses made about who reported, are not confirmed or denied in the course of the investigation.

The only time a reporter's name may be divulged is in a court of law. If the complaint situation rises to the level of a court hearing, typically long after the initial investigation, and a judge believes the reporter reported this information to intentionally hurt the provider and really did not have a suspicion of any abuse, then the judge could require DSS to divulge the name of the reporter. Judges understand the importance of keeping mandatory reporters names confidential.

## **DISCIPLINE**

### **Discipline Techniques (67:42:03:16)**

Administrative rules require that "discipline techniques offer clear-cut limits and direction to help a child develop self-control and respect for the rights of others. Discipline is to be appropriate to the child's age and developmental level. Discipline of children cannot be delegated to older children or peers to administer."

Examples of discipline that may not be used by registered providers or helpers include:

- Spanking, hitting, pinching, biting, shaking or inflicting any other physical punishment;
- Any humiliating or frightening punishment. This includes but is not limited to: name calling; degrading comments about a family or child or about a child's actions; putting a child in a space alone or that is dark or otherwise frightening to the child;
- Verbal abuse, threats, or derogatory remarks about a child or family;
- Restriction of movement or confinement;
- Punishment for lapses in toilet training;



- Withholding or forcing meals, snacks, or naps; or
- Use of substances such as soap, hot pepper sauce, etc.

**NOTE:** Registered providers and helpers are restricted from using a discipline method that is prohibited by administrative rule. For example, a registered provider is restricted from spanking a child even if a parent gives the provider permission to use spanking as a form of discipline.

Examples of guidance and discipline that should be used by providers and helpers:

- Offering clear-cut limits and direction to help a child develop self-control and respect for the rights of others.
- Discipline techniques that are appropriate to the child's age and developmental level.
- If separated from the group as a form of discipline, the child must remain within sight and hearing range of the provider or helper.

These requirements help ensure success when handling a child's behavior. Utilizing these methods of discipline also helps to protect providers from allegations of abusive or neglectful treatment.

The Early Childhood Enrichment programs have many resources and technical assistance to support providers in handling discipline and guidance issues appropriately. See Section 3 for ECE contact information.

## **Expulsion Policy**

Recognizing the importance of children's social-emotional and behavioral health, a priority of the Division of Child Care Services is to work toward eliminating expulsion and suspension practices. In general, it is an expectation that providers will explore resources, such as ECE training and technical assistance, to assist with children who exhibit challenging behaviors. These resources can help providers in determining a positive approach that allows the child to remain in care or if necessary, move on to a more appropriate setting.

## **NUTRITION**

### **Nutrition and Meal Service (67:42:03:13)**

**R**esearch indicates that a child's physical and mental health is dependent upon proper nutrition during the first six years of life. Registered providers are required to serve meals and snacks that consist of a variety of nutritious foods.

Mealtime is an important part of a child's physical, emotional, cognitive and social development. By creating a welcoming and relaxing atmosphere at meal- time, children are able to work on such developmental processes as fine-motor control, language, building social relationships, learning/doing for self, etc.

To aid in this developmental learning, the dining area used at mealtime is to have sufficient seating to accommodate the number of children being fed. The table, chairs, and eating utensils need to be suitable (clean, large/small enough, in good repair, plentiful supply) for use by children.

The Child and Adult Care Food Program (CACFP) is a federally funded program, operated through the SD Department of Education. The CACFP offers reimbursement to caregivers who offer nutritious meals to children in care. See Section 3 of this handbook for a list of Food Program Sponsors.

### **Food Allergies**

Providers are to develop plans for children with allergies. The plan should include known allergies, signs of an allergic reaction, and steps to take by the provider or helpers if a child is showing signs of an allergic reaction. This plan should be accessible to staff.

## **SANITATION**

Sanitation in a child care program is critical to keeping children safe and healthy. Regulations outline sanitation requirements for diaper change areas, food preparation areas, and toys that may be put in a child's mouth.

## **Diaper Change Area (67:42:03:12)**

If caring for infants, a diaper change area is to be provided. There are several communicable diseases that are spread through fecal-oral transmission, making sanitation especially important when caring for child(ren) who are diapered. In order to prevent the spread of diseases associated with diaper changes, the area must be nonabsorbent and easily cleanable. Child Care Services (CCS) recommends a regular household bleach solution of **1 ounce of household bleach to 1 quart of water** for cleaning and sanitizing the changing surface after each diaper change.

Bleach kills bacteria quickly, is economical to use, and does not leave a residue that needs to be rinsed from the surface in order to protect children's skin. There are many products on the market that are labeled as a "disinfectant" that do not all kill germs associated with a diaper change area. Many "disinfectants" on the market require a 10-minute contact time before being wiped away in order to kill bacteria such as that in shigellosis and other diarrhea illnesses. In addition, many products require that the area be rinsed with clear water after use because the residue left from the product could irritate children's skin. Products with a long wait-time, or required to be rinsed, are not approved sanitizers in a child care program.

If a provider chooses to use another product besides household bleach, the label is to be submitted to the licensing specialist for approval of the product. The Department of Health assists CCS in reviewing the product to ensure it kills the necessary germs and bacteria associated with a diaper change, and other areas of a child care program. The provider will be notified whether the product is approved, or if it is not approved because it doesn't kill the applicable germs or bacteria.

## **Toys**

Toys that come in contact with a child's saliva or other bodily fluids need to be cleaned. Approved methods include washing in a solution of **1-ounce of household bleach to 2-gallons of water** or washing and rinsing in a mechanical dishwasher. Many disinfectants can leave a residue that, if not rinsed from a toy, could cause harm to children who put the toy in their mouth.

If another product is used in place of bleach or a dishwasher, send the label to your Licensing Specialist to assure the product is safe and works as needed to kill bacteria and germs.

**See Section 3 of this handbook for a bleach sanitizing chart**

## **STANDARD PRECAUTIONS**

### **Handling of Bio-contaminants (67:42:03:12)**

“Standard Precautions” is a term used by the U.S. Occupational Safety and Health Administration (OSHA) to refer to infection control practices.

Registered providers are to have procedures for handling hazardous materials and bio-contaminants. In a child care program, the following standard precautions should be used any time contact with, or the possibility of contact with, blood and body fluids:

- The primary thing to remember with standard precautions is to always have a barrier between your skin and mucous membrane (around the eyeballs, gums, and inside the nose), and the (potentially) infectious substance. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier should be appropriate for the procedure being performed and the type of exposure anticipated.
- Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
- Use sterile gloves when hand contamination with blood may occur. Use vinyl or latex examination gloves for procedures involving contact with mucous membranes.
- Change gloves between contacts with children. Do not reuse surgical or examination gloves.

- Use general-purpose utility gloves (e.g. rubber household gloves) for housekeeping chores involving potential contact with blood and for instrument cleaning and decontamination procedures.
- Waste management: To clean spills of vomit, urine, feces, use a commercially available cleaner (detergent, disinfectant-detergent, or chemical germicide cleaner) that will not spoil the surface being cleaned. Remove nasal secretions with tissues and throw them in the ordinary trash. For spills involving blood or other body fluids, remove all visible soil, and then disinfect the surface with freshly prepared diluted bleach. A 1:64 dilution is ¼ cup of bleach diluted in one gallon of water. Use disposable towels or tissues, and rinse mops in the disinfectant solution.

## **TRANSPORTATION (67:42:16:15)**

As part of the child care operation, providers may choose to offer transportation services for children in care. Registration standards require the following if transportation is provided:

1. Each vehicle carries only the number of children allowed by vehicle passenger capacity. This means:
  - the vehicle must have one safety belt for each passenger.
  - Safety belts are not shared. In a crash, two children in one belt will be thrown toward each other at the speed of the vehicle, possibly causing severe child to child head injuries.
  - Children under 40 pounds are transported in a child passenger safety seat.
2. Providers comply with the seat belt requirements as established by South Dakota Law (SDCL 32-37-1 and 32-37-1.1) which include:
  - All children under five years of age transported on the streets and highways of this state shall properly secure the child in a child passenger restraint. The requirements of this section are met if the child is under five years of age and is at least forty pounds in weight by securing the child in a seat belt.
  - a passenger who is at least five and under eighteen years of age

shall assure that the passenger is wearing a properly adjusted and fastened safety seat belt.

For more information about child passenger safety you may contact the South Dakota Highway Safety Division at (605) 773-6426.

## **FIRE AND LIFE SAFETY**

### **Exits (67:42:03:11.03)**

Administrative rules require each level of the family child care home used for the care of children to have at least **two exits** which are remote from each other. *Remote* means "separate, far removed in space, distant". One of these exits is required to be a door or stairway which leads to the outside of the building at ground level. The second exit may be a window if it:

- ☐ Provides a safe escape
- ☐ Is easily opened from the inside without using tools
- ☐ There is no more than 44" between the floor & the bottom of the window
- ☐ Provides a clear opening **at least 5.0 square feet in area** (must also be a *minimum* of 20" wide and 24" high)

### **Figuring Window Dimension**

The minimum dimensions of both height and width of the window must be met. However a window measuring 20" x 24" will be far short of the 5.0 square foot requirement – these are just the minimum height and width a window can be. The formula to determine square footage is:

width x height, divided by 144 inches = square feet

When measuring a window, measure only the "open space". Many modern windows will come apart to allow for the entire window to be used as an exit. But if the window hinges in the middle, or slides up, and does not come apart, then only measure the space that is open and allows a person to climb through.

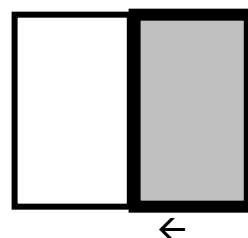
The diagram below shows a window that opens upward and a window that slides open. The shaded area shows the “open space” to be measured once a window is opened. The white area is where the window glass is, and is not “open” space.

Typical window that slides up to open



Open area is only on the bottom

Typical window that slides left to open



Open area is only on the right side

In order for a fireman to get into the home in the event of a fire, the window exits must be no more than 44 inches above the floor. In situations where the distance between the window and floor is more than

27

44 inches, compliance may be accomplished by “raising” the level of the floor under the window by using a stable, permanent platform. This platform is to be stable enough for a fireman to step on when coming in the window to rescue children. A tall narrow bookcase would probably not be something that would be safe to step on because it could tip over as the fireman steps on it to get to the floor level.

## **Emergency Preparedness and Response Plan (67:42:03:11.03)**

Each Family Child Care Provider is to have a written emergency preparedness and response plan to be used in the event of an emergency or disaster. The plan is to include:

1. Procedures for evacuating children from the building;
2. Procedures for relocating children to another facility in the event the home is damaged, or in the event it is too cold or rainy for the children to remain outside while determining if it is safe to reenter the day care;

3. Procedures for sheltering-in-place should children need to remain at the facility (such as in a tornado), and ensuring necessary supplies are quickly available and accessible;
4. Procedures for lock-down in the event an outside threat needs to be kept out of the facility, and so local law enforcement and parents know where the children would be inside the facility;
5. Plans for communicating with families prior to an emergency to familiarize them with the preparations and how families will be reunified after the emergency. It is imperative parents know ahead of an emergency what will be happening with their child. Their first instinct is to go to the facility and that can create problems for emergency responders to have 12 additional vehicles and up to 24 parents demanding answers. An emergency plan helps parents know there is a plan to protect their child.
6. Procedures for continuing operations of the family day care home. A family day care is typically a provider's source income. A plan will help ensure the business has options for continuing after a disaster or emergency.
7. Plans to accommodate infants and toddlers, children with disabilities, and children with chronic medical conditions.
8. In addition, the plan is to include procedures for any helpers to participate in training and practice drills should they be the responsible adult in the caregiving role at the time of an emergency or disaster.

**See Section 4 for more details and a template for developing an Emergency Preparedness and Response Plan.**

**Four fire drills are required per year.** The dates of these four drills are to be documented in writing. Some tips include:

- ☐ invite local fire personnel to come to the home and talk to the children about what to do in event of fire. This makes them aware too there is a day care in this home that houses several children on a daily basis.
- ☺ Practice, practice, practice the plan. Pretend that certain exits are blocked, lights are out, smoke is filling a hallway, sound the smoke detector. Pretend it's winter time or raining and children cannot stand



outside. These different scenarios help ensure provider and children are prepared.

- ☒ Choose an outside meeting place where everyone will gather once outside the home. Count children when outside to make sure everyone is out. Make provisions for inclement weather when children can't remain outside.
- ↔ Always know how many children are in care on a given day.
- ↔ Know two ways out of every room.
- 🔓 Be sure locks, doors and windows can be opened quickly and easily, even in the dark.

**One tornado drill is required per year.** The date of this drill is also to be documented in writing. Some tips to follow are:

- 📖 *Tornado Watch* means conditions are favorable to the formation of tornadoes. Keep an eye on the weather and be prepared to take shelter immediately if conditions warrant.
- 📖 *Tornado Warning* means a tornado funnel is sighted or indicated by radar. Take shelter immediately. Because tornadoes can form and move quickly, there may not be time for a warning.
- 🔔 Know the community warning signals, keep alert to changing weather conditions, and know where the shelter location will be before it's needed.
- ▶ The safest place in the home is the interior part of the basement, preferably under a sturdy table. If there is no basement, go to an inside room (without windows) on the lowest floor like a closet, hallway, or bathroom. Avoid windows. For added protection, get under something strong, like a heavy table.
- ☐ Do not stay in a mobile home during a tornado. Plan ahead and know where to seek safe shelter.

**An Emergency Preparedness and Response Plan Guide and template for developing an emergency plan, can be found in Section 4 of this handbook and at the Child Care Services website at [http://dss.sd.gov/docs/childcare/emergency\\_preparedness\\_plan.pdf](http://dss.sd.gov/docs/childcare/emergency_preparedness_plan.pdf)**

## **REPORTING REQUIREMENTS**

### **Incidences or Changes in Circumstances (67:42:16:09)**

A registration is issued only after a review and approval of the provider, household members, and the home. Any changes to those aspects already approved (who is doing care, who the household members are, or changes to the home), means the provider or home may no longer meet requirements therefore those changes need to be approved. If changes are not approved prior to being made, the registration would be invalid. To ensure the registration does not become invalid, it is important to report all changes to the licensing specialist.

Examples of changes that need to be reported, prior to the change being implemented, include:

- **Change in the space used.** The following are examples of changes to be reported to the licensing specialist. If a main floor of the home is approved initially for care and the provider now wants to use the basement, the licensing specialist ensures there are two exits out of the basement, there are no hazards in the basement, etc. Or, if a provider removes a door from the main level, that may mean the level of the home now only has one exit and no longer meets requirements. These types of changes are reported and the licensing specialist conducts an inspection to ensure all requirements are met.
- **Change of location.** A provider and the home are initially registered. The registration means the home listed on the registration certificate meets compliance. If a provider moves, the registration is no longer valid because that registration is for the previous home. The licensing specialist does an inspection of the new home to ensure the home meets compliance.
- **Involvement with law enforcement or Child Protection Services.**

A registration is only issued if the provider and household members meet certain requirements. If that changes and a provider or household member is involved with law enforcement or Child Protection Services, that is to be reported to the licensing specialist.

- **An injury, death, or substantiated incident of child abuse or neglect.** Providers are required to immediately report any substantiated incident of child abuse and neglect related to the provider or registered home.

Providers are required to report within 24 hours any injury or death of a child in care. A reportable death is one in which the incident began while the child was in care of the provider, regardless of where the child was pronounced deceased.

A reportable injury is an injury that requires professional medical attention (i.e. child is seen by a doctor, or child is hospitalized). Reporting all injuries allows Child Care Services to ensure the registered environment is safe and children are not at risk of harm.

## **INSPECTIONS**

### **Annual Inspections (67:42:16:03)**

A sample inspection form is provided in the inquiry packet sent to all individuals inquiring about becoming a registered provider. Once all paperwork is submitted, the licensing specialist completes the references and background checks. An initial inspection of the home is arranged with the provider prior to a registration certificate being issued.

Each year thereafter, an unannounced inspection is conducted of the home by the licensing specialist or by a representative of the Department of Public Safety.

# THE FAMILY CHILD CARE PROVIDER POLICY HANDBOOK

## SECTION 2 – SAMPLE FORMS

Registered providers are required to keep staff records and children’s records. Child and staff folders are available for your convenience and can be obtained by contacting your licensing specialist. A provider can use whatever form they choose to collect information from parents, as long as the required information is available. Providers can use the enclosed sample forms or create their own.

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## APPLICATION FOR ADMISSION TO CHILD CARE

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Child's Name \_\_\_\_\_ Preferred Name/Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Allergies & other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.) \_\_\_\_\_

Plan of Action for allergic reactions: \_\_\_\_\_

---

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Schedule \_\_\_\_\_

---

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Schedule \_\_\_\_\_

---

Parent's Marital Status ☐ Married ☐ Separated ☐ Divorced ☐ Other

Is Either Parent Deceased? \_\_\_\_\_ Remarried? \_\_\_\_\_

Custody Arrangements? \_\_\_\_\_

Is Anyone restricted from seeing or picking up the child(ren)? Is so, please list.

\_\_\_\_\_

---

---

In an emergency contact:

_____ Name	_____ Relationship	_____ Phone Number
---------------	-----------------------	-----------------------

_____ Name	_____ Relationship	_____ Phone Number
---------------	-----------------------	-----------------------

---

Who will pick up child(ren):

_____ Name	_____ Relationship	_____ Vehicle Type
---------------	-----------------------	-----------------------

_____ Name	_____ Relationship	_____ Vehicle Type
---------------	-----------------------	-----------------------

---

Is there any additional information you would like to share about your child? (favorite things, food likes, special interests or fears, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

### **Emergency Medical Care Authorization**

I hereby give permission for emergency medical treatment for \_\_\_\_\_  
if requested by \_\_\_\_\_, who is our child care provider.

Please note that my child is allergic to the following medications: \_\_\_\_\_  
It is also important to note that my child has the following special medical  
conditions: \_\_\_\_\_

_____ Parent Printed Name	_____ Parent Signature	_____ Date
------------------------------	---------------------------	---------------

_____ Parent Printed Name	_____ Parent Signature	_____ Date
------------------------------	---------------------------	---------------

---

I/We attest that the information listed on this application is as accurate and complete as possible.

---

Parent Signature

---

Date

---

Parent Signature

---

Date

**✦ ATTACH CHILD'S IMMUNIZATION RECORD ✦**

## Parent-Provider Child Care Agreement

The following agreement is made between:

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

and

\_\_\_\_\_ for the care of: \_\_\_\_\_

Child Care Provider

Child's Name

### Rates/Payment Policies:

The payment fee is: \$\_\_\_\_\_ per ☐ week ☐ day ☐ hour

Care will be provided normally from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on the following days (circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Additional Fees: \_\_\_\_\_

Payment is due on: \_\_\_\_\_

Overtime Rates: \_\_\_\_\_

The day care is planned to be closed on the following days: \_\_\_\_\_

Charges related to child care closings: \_\_\_\_\_

Charges for a child's absence: \_\_\_\_\_

### ✦ OTHER PROVIDER POLICIES ✦



---

## MEDICATION AUTHORIZATION FORM

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Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of medication to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Dates to be given: From: \_\_\_\_\_ to \_\_\_\_\_  
dd/mm/yr dd/mm/yr

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

---

### Documentation of Medication Administration

Date Administered	Dosage Given	Time Administered	Signature of Caregiver Administering the Medication

NOTE: Use a separate sheet for each medication to be administered to one child, and for each child being given a medication.

# Daily Attendance Form

Date: \_\_\_\_\_

	<b>Child's Name</b>	<b>Arrival Time</b>	<b>Pick Up Time</b>	<b>Parent Signature</b>	<b>Comments</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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17					
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22					
23					
24					
25					

# Immunization Schedule

Immunization Requirements – effective November 1, 2016

Vaccine	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	4-6 Yr
Hepatitis B (Hep B)	#1	#2			#3					
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#4			#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3 *	#4				
Inactivated Poliovirus			#1	#2	#3					#4
Measles, Mumps, Rubella (MMR)						#1				#2
Varicella						#1				#2
Hepatitis A						#1 & #2 (6 months apart)				
Pneumococcal (PVC)			#1	#2	#3	#4				

 = Immunization is to be given within this range of time

## Combination Vaccines Often Seen on Immunization Records:

Pediarix = DTaP, Hep B, Polio

Kinrix = DTaP, Polio

Pentacel = DTaP, Hib, Polio

MMRV = Varicella, MMR

\* NOTE: The Pedvax or ComVax Hib is 3 doses, with the 6-month immunization not required. All other Hib series are 4 doses that include the 6-month immunization, using the schedule above.

This chart indicates the recommended ages for routine administration of childhood vaccines in regulated child care programs, as of September 2016. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible, and based on input from the child's doctor.

If a child is behind on an immunization, the provider is to have on file a note from the child's doctor indicating the child is in the process of catching up on vaccinations.

Additional information about vaccines is available from the National Immunization Information Hotline at 800-232-2522, and the American Academy of Family Physicians (<http://www.aafp.org>).

South Dakota state law 13-28-7.1 does allow for a medical or religious exemption for immunizations. Any medical exemption is required to be signed by the child's physician. Any religious exemption is required to be in written form and signed by the child's parent. A sample copy of the religious exemption can be found on the following page.

**Immunization Affidavit  
Certification of Objection to Immunization**

**Child Care Center:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

In accordance with South Dakota Codified Law 13-28-7.1, I hereby certify that the administration of vaccine and other immunizing agents to my child \_\_\_\_\_, is contrary to my beliefs which are adherent to a religious doctrine whose teachings are opposed to such test and immunizations. I therefore request exemption from the Department of Social Services' rule requirements for immunizations.

I understand there are risks associated with non-immunization for my child.

All foregoing statements are true to the best of my information, knowledge, and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

## Family Day Care Provider Training Record

Caregiver Name: \_\_\_\_\_

Two-year registration cycle from \_\_\_\_\_ to \_\_\_\_\_

Professional Development Category	List hours below						Total hours for each category
A. Child Growth & Development							
B. Detect. & Reporting Child Abuse and Neglect							
C. Guidance & Behavior Mgmt.							
D. Food Handling Techniques							
E. ID/Prev. of Comm. Disease							
F. Program Health & Safety							
G. Nutrition for Children							
H. Program Mgmt. & Regulation							
I. Communication & Relations with Staff							
J. Cultural Diversity							
K. Learning Environments							
L. Age-approp. Activity & Planning							
M. Professionalism							
N. Partnership with Parents							
O. Inclusion of All Children							
P. First Aid							
Q. CPR							
<b>Total professional development hours for current year</b> (Attach professional development certificates to this form)							

Providers and each helper are to obtain 6 hours of training annually. Annual training is to be obtained from at least **three** of these areas.

CPR certification is required before becoming registered and before a helper is left alone to care for children. The certification is to remain valid for each caregiver.

Note: 1 completed college credit= 15 hours of professional development  
1 completed CEU= 10 hours of professional development

## HANDLING OF BIO-CONTAMINATES



**1. Blood, body fluids and soiled materials should never touch your skin.**



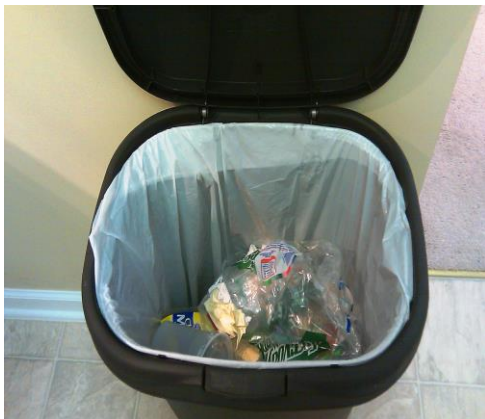
**2. Wear plastic gloves**



**3. Put soiled clothing in a plastic bag**



**4. Clean and Sanitize**



**5. Place in container**



**6. Wash hands**

## SERIOUS INJURY REPORT FORM

Administrative Rule 67:42:16:09 requires child care provider to report serious injuries to Child Care Services within 24 hours of the injury. Child Care Services describes a serious injury as any physical injury that requires professional medical treatment.

---

Today's Date: \_\_\_\_\_

### Program Information

Name of Child Care Program \_\_\_\_\_

Address of Child Care Program \_\_\_\_\_

County Where Child Care Program is Located: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

---

### Injured Child's Information

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date Parent Notified: \_\_\_\_\_ Notified By Whom: \_\_\_\_\_

---

### Injury Information

Date of injury: \_\_\_\_\_ Injury time: \_\_\_\_\_ AM PM

Type of Injury: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_

Description of How and Where the Injury Occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Medical Treatment Required:

\_\_\_\_\_  
\_\_\_\_\_

Was parent notified: Yes\_\_\_ No\_\_\_ If yes, by whom: \_\_\_\_\_

Witness to the incident: \_\_\_\_\_

Printed Name

Signature

Witness to the incident: \_\_\_\_\_

Printed Name

Signature

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

NOTE: All serious injuries (that require doctor or hospital attention) or the death of a child, are to be reported immediately to the licensing specialist.

## HELPER APPLICATION

Helper's Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_  
(include maiden, nicknames, previous married names, etc.)

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_

Are you at least 14 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever cared for children? If yes, explain \_\_\_\_\_

Have you ever been investigated in connection with a charge of child abuse or neglect? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

Have you ever been convicted of a crime involving either violence to persons or breach of moral conduct (i.e. rape, sexual molestation, incest, narcotics, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

Have you ever been convicted of any felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain (including the date of the conviction) \_\_\_\_\_

List 3 non-related references who know your ability to care for children

Name	Address	City	State	Zip Code	Phone
------	---------	------	-------	----------	-------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Applicant's Signature

Date



## HELPER REFERENCE FORM

Your name has been provided as a reference for \_\_\_\_\_ who will be working at \_\_\_\_\_ registered family child care home.

Please answer the following questions to help assess this individual's ability to relate to others and to care for children. Return your completed form to:

Name	Address	City/State	Zip Code
------	---------	------------	----------

1. How long have you known this individual? In what way? Explain.
2. Are you aware of this individual having past experience caring for or working with children? Explain.
3. How well will this individual work in a child care setting?
3. What do you think are the positive qualities that parents and children would like about this individual? Why would you choose this individual to care for children?
5. Are you aware of any incidents of child abuse or neglect in connection with this individual?
6. Do you know if this individual has been convicted of *any* crimes? If yes, explain.
7. Is there anything about this individual that would hinder his or her performance at work?

Reference Printed Name and Signature

Date

## **CENTRAL REGISTRY OF CHILD ABUSE AND NEGLECT**

If a person in a caregiving role is found, through an investigation by Child Protection Services, to have abused or neglected children, their name would be placed on the Central Registry of Child Abuse and Neglect. The Central Registry contains only substantiated reports of child abuse or neglect, it does not contain other criminal information. The only time a person's name is screened against this Registry is when that person applies to work in a program regulated by the Department of Social Services, such as a child care program.

Administrative Rule of South Dakota (ARSD) 67:42:16:04 prohibits a provider or helper from having a substantiated report of child abuse and neglect. The names of providers and helpers are screened against the Department of Social Services Central Registry of Child Abuse and Neglect before the applicant is hired to ensure this rule is met.

The following procedures are to be utilized to request a Central Registry screening of a helper:

1. The Permission To Screen Form (form number CPS-593) can be obtained at <http://dss.sd.gov/formsandpubs/>.
2. The helper completes the form according to the instructions provided with the form.
3. Submit the Permission form to your licensing specialist.

The Licensing Specialist will:

1. Have the helper's name screened against the Central Registry of Child Abuse and Neglect.
2. If no record is found, the provider is notified of this via a letter from the Department of Social Services that the helper's name is not on the Central Registry.
3. If the helper's name is listed on the Central Registry, the provider will be notified this individual cannot work be around the children in care and cannot serve as a helper.

<p style="text-align: center;"><b>PROCEDURES FOR IDENTIFYING CHILD ABUSE AND NEGLECT AND ACKNOWLEDGEMENT OF RESPONSIBILITY TO REPORT</b></p>
--

Please read the following definition of an abused child, the signs of child abuse and neglect, and the requirements for reporting according to state law. Your signature affirms that you have read and understand the definition and policy.

**DEFINITION OF ABUSED CHILD**

Within South Dakota statute, the term custodian includes a child care provider. South Dakota Codified Law (SDCL) 26-8A-2 defines an abused or neglected child. The term abused or neglected child means a child:

(1) Whose parent, guardian, or custodian has abandoned the child or has subjected the child to mistreatment or abuse;

(2) Who lacks proper parental care through the actions or omissions of the child's parent, guardian, or custodian;

(3) Whose environment is injurious to the child's welfare;

(4) Whose parent, guardian, or custodian fails or refuses to provide proper or necessary subsistence, supervision, education, medical care, or any other care necessary for the child's health, guidance, or well-being;

(5) Who is homeless, without proper care, or not domiciled with the child's parent, guardian, or custodian through no fault of the child's parent, guardian, or custodian;

(6) Who is threatened with substantial harm;

(7) Who has sustained emotional harm or mental injury as indicated by an injury to the child's intellectual or psychological capacity evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture;

(8) Who is subject to sexual abuse, sexual molestation, or sexual exploitation by the child's parent, guardian, custodian, or any other person responsible for the child's care;

(9) Who was subject to prenatal exposure to abusive use of alcohol, marijuana, or any controlled drug or substance not lawfully prescribed by a practitioner as authorized by chapters 22-42 and 34-20B; or

(10) Whose parent, guardian, or custodian knowingly exposes the child to an environment that is being used for the manufacture, use, or distribution of methamphetamines or any other unlawfully manufactured controlled drug or substance.

## **SIGNS OF ABUSE AND NEGLECT**

### **Indicators of Physical Abuse:**

- Unexplained bruises or welts
- Unexplained burns
- Unexplained fractures
- Unexplained lacerations or abrasions
- Child is wary of or suddenly frightened of caregiver or someone in the household.
- Child tells parents of injuries or abuse.
- Child shows behavior extremes – aggressiveness or withdrawal.

### **Indicators of Physical Neglect:**

- Lack of consistent supervision.
- Unattended physical needs (i.e. diaper changes, bottle feedings, no meals or snacks).

### **Indicators of Emotional Abuse:**

- Failure to thrive.
- Speech disorders.
- Habit disorders (i.e. sucking, rocking, biting).
- Extreme behaviors

### **Indicators of Sexual Abuse:**

- Difficulty walking or sitting.
- Pain or itching in genital area.
- Bruises or bleeding in external genitalia
- Child tells parents of sexual contact by caregiver or someone in the household.

## **REPORTING POLICY**

SDCL 26-8A-3 mandates all licensed or registered child care providers, who have reasonable cause to *suspect* that a child under the age of eighteen has been abused or neglected, report that *suspicion* to the Department of Social Services Toll Free at (877) 244-0864, Local Law Enforcement at (605) \_\_\_\_\_. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor (a \$1,000 fine and /or 1 year in jail).

ARSD 67:42:03:09.01 Reporting suspected child abuse or neglect states that the suspected child abuse must be immediately reported to the Department of Social Services, police, sheriff or State's Attorney.

In the event a helper is suspected of abuse or neglect of a child in the registered provider's home, the registered provider should evaluate the continued employability of the helper and to assure the protection of children in care. Talk with your licensing social worker about the steps to be taken in these instances.

## **ACKNOWLEDGEMENT STATEMENT**

I have read the SDCL definition of abused child and reviewed the indicators of abuse and neglect. I understand the SDCL related to the reporting of child abuse and neglect. My signature affirms my responsibility to report to the Department of Social Services or Law Enforcement any time I suspect a child has been abused or neglected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PROCEDURES FOR CHECKING THE SEX OFFENDER REGISTRY

All registered child care providers need to conduct a search of the Sex Offender Registry for *all helpers* applying to work in the family child care home. This check is to occur *prior* to the helper having access to children in care. The provider is to keep documentation in the helpers employee file that this check was completed.

There are two ways to obtain information from the Sex Offender Registry:

1. Go to <https://sor.sd.gov/>. Do a Text Search, type in the last and first name of the helper and then press search. The results should indicate either “no matching records found”, or the individuals name will appear, most often with a picture of the individual. If the helper has lived out of state, the National Sex Offender Registry can be found at <http://www.nsopw.gov>.

2. If you don't have internet access, go to your local Sheriff's Office or Police Department to obtain documentation as to whether this helper is listed on the Sex Offender Registry. You may need to explain you are required by South Dakota Law 26-6-14.10 to obtain the verification prior to hiring this individual to work or volunteer in your registered child care home.

- If the name appears on the Sex Offender Registry - the individual may not be hired to work or volunteer at the home, or live in the home.
- If the name does not appear on the Sex Offender Registry – and the Central Registry and Criminal Record checks are clear as well, the individual may be hired to work or volunteer at the home.

When the Sex Offender Registry check is completed, the provider can either print the results off the computer, or document the check on the Sex Offender Registry Check form, found on the next page. The Sex Offender Registry Check form or the printed results are kept in the helper's employee file at the child care home.

It is the child care provider's responsibility to make sure the records accessed through this site pertain to the person about whom they are seeking information.

## SEX OFFENDER REGISTRY CHECK FORM

South Dakota Codified Law 26-6-14.11 requires all registered or licensed child care programs to ensure that no individual hired to work or volunteer has their name listed on the Sex Offender Registry. The Registry check is performed prior to the potential employee having contact with children in the child care program. This form can serve as documentation of that Registry check.

**The South Dakota Sex Offender Registry** is located on the internet at <https://sor.sd.gov/> or the information can be obtained from a local sheriff or police department. The National Sex Offender Registry is located on the internet at <http://www.nsopw.gov>.

**Name of Applicant:** \_\_\_\_\_

**Other names used by Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name and Title of Person checking the Sex Offender Registry for the above individuals name:**

\_\_\_\_\_  
**Print Name** **Title**

### Results of the South Dakota Sex Offender Registry Check:

- ☐ Yes, the name appeared on the Sex Offender Registry.
- ☐ No, the name did not appear on the Sex Offender Registry.

### Results of the National Sex Offender Registry Check:

- ☐ Yes, the name appeared on the National Sex Offender Registry.
- ☐ No, the name did not appear on the National Sex Offender Registry.
- ☐ No, the helper has not lived outside of South Dakota.

**Date of check:** \_\_\_\_\_

**Signature of person completing check:** \_\_\_\_\_

**NOTE:** File this form in the helper's employment file at the child care program.

**THE FAMILY CHILD CARE PROVIDER POLICY HANDBOOK  
SECTION 3 - SUPPLEMENTAL INFORMATION AND RESOURCES**

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## FREQUENTLY ASKED QUESTIONS

- **As a Family Child Care Provider, am I licensed or registered?**

A provider caring for 12 or less children in a family child care home can voluntarily *register* with the state. The provider and the home are *registered*. Regardless of the number of helpers, there can only be 12 children in care at any one time.

Providers caring for 13 or more children at any one time are required to have a license before they can operate. Licensed programs meet more stringent requirements than a registered program including having their facility approved for care through the Fire Marshall's Office and Health Department. Licensed programs have more strict child to staff ratios; have to meet director educational qualifications; and more. The building is *licensed*. The program needs to meet all regulations including director and staff qualifications but the staff are not individually licensed.

- **If I become registered, does the state determine who enrolls in my program or regulate how much I charge?**

No. Child Care Services does not regulate who enrolls in your program or the fees you charge.

A family child care provider is encouraged to develop a parent handbook that outlines practices and policies but it is not required. A handbook is a way to have policies on paper for parents to read and assist in reducing miscommunication between parents and provider.

- **If I have a helper, can I have more than 12 children in care?**

No. State law allows 12 children in care at any one time, regardless of the number of helpers a family child care provider has. If more than 12 children are in care, the program is required to have a license prior to operating.

The State law allows for a maximum of 12 children in the home at any one time. The law does not allow for overlaps of children's schedules. The provider is responsible for maintaining 12 children or less at any time.

A provider may have more than 12 children *enrolled* in her program as long as there are not more than 12 present at any one time.

- **Do I need to accept anyone with a disability who inquires about child care?**

There is information at the end of this section on the requirements of the Americans With Disabilities Act (ADA) or contact the ADA with your questions at [www.ADA.gov](http://www.ADA.gov).

- **Am I required to have insurance?**

The Department of Social Services does not require a registered provider to have insurance but the insurance agency who maintains the home owner's policy may require insurance coverage, check with them.

- **Can I leave the child care children with a seventeen year old while I pick up school children or can she pick the school children up?**

Persons under the age of 18 cannot be left alone with the children in care without an adult present so the answer to both is no, unless there is an adult present who meets the requirements of a provider or helper.

As a reminder, state law does require each child to be in a separate seat belt or car seat when being transported. Providers caring for 12 children need to determine if transportation is something they can provide.

- **Am I required to purchase and install a fence around my outside play area?**

A fence is not automatically required. Child Care Services would require a fence if there is a hazardous area close to the play area such as a river, creek, railroad tracks, etc.

- **If I have a helper, can I care for 12 infants?**

No. Family child care providers with a helper present would be allowed to care for no more than eight children under the age of two; and of those eight children, no more than four can be under the age of one.

- **If I choose to use a sanitizer other than bleach, why does the disinfectant have to be approved prior to using it?**

Child Care Services recommends a regular household bleach solution of 1-ounce of household bleach to 1-quart of water for a diaper change area; and 1-ounce of bleach to 2-gallons of water for sanitization of toys. Bleach is suggested because it kills bacteria on contact, is economical to use, and does not leave a residue that needs to be rinsed from the surface in order to protect children's skin.

There are many products on the market that are labeled as a "disinfectant" that don't kill the germs associated with a diaper change area. Some products require a 10-minute waiting time before wiping and some require the area to be rinsed after use of the product. Many products labeled a disinfectant, such as Lysol, do not kill bacteria associated with Shigellosis or Giardia even after a 10-minute waiting time. These products would not be acceptable for use on a diaper change because they do not keep the child care program safe from the spread of communicable diseases. The department will review the products other than bleach in order to assure the product kills germs and bacteria associated with the spread of communicable diseases.

## BLEACH SANITIZING GUIDELINES

Household bleach mixed with water is the most efficient sanitizer on the market. It is effective, economical, convenient and readily available. **Before using any sanitizer other than bleach, contact your licensing specialist for approval to use that product.** Household bleach can be purchased containing different percentages of chlorine including, but not limited to, 5.25%, 6.15%, and 8.25% chlorine. Some brands have lower percentages of chlorine.

In order to determine the correct concentration of chlorine to ensure proper disinfection for the different areas of a child care program, use the following chart. If the bleach being used is a different concentration, test strips can be used to test the solution or a calculator at the following site can be used:

<http://www.indigo.com/sanitizer-dilution-calculator.php>.

Concentration for bleach with **5.25%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM *	Rule
Diaper change table, bath tubs	1 ounce	1 quart	1600	67:42:11:06.01
Food contact areas, toys	1 ounce	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1 ounce	4 gallons	100	67:42:11:07
Wiping clothes	¼ ounce	1 gallon	100	67:42:11:07

Concentration for bleach with **6.15%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM *	Rule
Diaper change table, bath tubs	1 ounce	1 quart	1600	67:42:11:06.01
Food contact areas, toys	1 ounce	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1 ounce	4 gallons	100	67:42:11:07
Wiping clothes	1¼ teaspoon	1 gallon	100	67:42:11:07

Concentration for bleach with **8.25%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM *	Rule
Diaper change table, bath tubs	¾ ounce	1 quart	1600	67:42:11:06.01
Food contact areas, toys	1¼ Tablespoon	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1¼ Tablespoon	4 gallons	100	67:42:11:07
Wiping clothes	¾ teaspoon	1 gallon	100	67:42:11:07

\*PPM = Parts per million is a scientific terms to describe a concentration level. It is used here to describe the concentration of bleach to water needed to kill germs in particular area of a day care.

## GUIDELINES FOR USING A BLEACH SANITIZER

- Household bleach is the most efficient sanitizer on the market. It is effective, economical, convenient and readily available. If bleach is found to be corrosive on certain materials, a different sanitizer may be required. **Before using any sanitizer other than bleach, contact the licensing specialist for approval to use the product.**
- Household bleaches are acceptable only if the labels indicate they are EPA registered.
- A solution of bleach and water loses its strength and is weakened by heat and sunlight. Therefore, **a fresh mixture of the bleach solution daily.**
- Cool water between 75 and 120 degrees F should be used when mixing the bleach with water. Temperatures above 120 will cause the bleach to evaporate faster out of the water.
- Before using a bleach solution to sanitize a surface, first clean the surface with detergent and water to remove any visible surface "soil" (food, saliva, etc.). Any soil left on the surface will neutralize the sanitizer and the surface will not be properly sanitized.
- Bleach is an effective disinfectant that reacts quickly and breaks down quickly into mainly salt and water. It leaves no active residue on the surface and needs no rinse. A sanitizer must be in contact with the germs long enough to kill them. For example, when using a properly prepared solution of bleach water applied from a spray bottle to cleaned and rinsed surfaces, the minimum contact time is 10 seconds. For cleaned and rinsed dishes submerged in a container that is filled with properly prepared bleach solution, the minimum contact time is 10 seconds.
- All spray bottles and other containers in which sanitizers have been diluted for direct application must be labeled with the name of the solution (such as bleach sanitizer) and the dilution (i.e. 200 ppm, 1600 ppm). Keep all containers and bottles of sanitizer out of the reach of children.
- Bleaches that are scented or oxygen bleaches (sometimes labeled as color-safe bleach) are not acceptable for use as sanitizers in child cares as they do not contain enough active ingredients to kill required bacteria and germs.
- Bleach disposable wipes *cannot* be used in place of a bleach water solution. The wipes do not contain enough active ingredients to effectively sanitize a surface within a short period of time.

## **DIAPER CHANGING PROCEDURES**

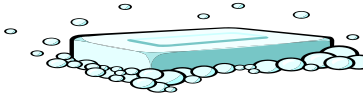
### **Recommended Procedures for Diaper Changing in a Child Care Program**

1. Organize needed supplies so they are within reach of the diapering area:
  - ✓ fresh diaper and clean clothes (if necessary)
  - ✓ dampened paper towels or pre-moistened wipes for cleaning child's bottom
  - ✓ child's personal ointment, labeled (if provided by parents)
  - ✓ trash disposal bag
2. Place child on changing surface. Diapering surfaces are to be smooth, nonabsorbent, and easy to clean.
3. If using gloves, put them on at the start of the diapering process.
4. Remove soiled diaper and fold surface inward. Place diaper in a plastic-lined trash receptacle with a tight fitting lid.
5. Clean child's skin with disposable cloth, removing all soil. Place the soiled cloth in trash receptacle.
6. Fasten fresh diaper in place.
7. If wearing gloves, remove and dispose of them after the clean diaper is in place.
8. Wash hands.

NOTE: The diapering area should be next to a sink with running water so that hands can be washed without leaving the diapered child unattended. However, if a sink is not within reach of the diapering area, wipe hands with a pre-moistened wipe until the child is put down and then wash hands at a sink. *Never* leave a child unattended on a diapering table.
9. Wash the child's hands under running water.
10. Dress the child. Remove child from changing area.
11. Clean changing surface with a sanitizing solution and disposable cloth. A bleach water solution works the best and is the most economical. Cloths such as Clorox wipes, do not kill the Giardia germ so are not to be used.
12. Wash hands thoroughly with soap and running water.



# Hand Washing

- ☛ Run hands under warm water.
- ☛ Lather with soap. 
- ☛ Rub hands together for 20 seconds.
- ☛ Rinse under water.
- ☛ Dry hands with paper towel or air blower.

☞ Hand sanitizers are not to be used as a replacement for soap and running water. They can be used for special circumstances such as a picnic lunch where no water is available.

### **3-COMPARTMENT SINK DISHWASHING METHOD**

Dishes in a child care program should be washed, rinsed and sanitized in a manner that prevents the spread of communicable diseases. This can occur by washing in a mechanical dishwasher or using a 3-compartment sink method.

The process for hand washing dishes using the 3-compartment sink method is to follow the **W R S** method.

#### **W = Wash.**

Place the dishes in the first sink filled with 120 degree water and detergent.

#### **R = Rinse.**

In the second sink, thoroughly rinse dishes in clean hot water after washing. This is very important to get all food and soap off the dishes before sanitizing.

#### **S = Sanitize.**

In a third sink, sanitize each dish in warm water, that contains no less than 50 parts per million (PPM) chlorine bleach, for two minutes.

NOTE: In a family child care home that does not have a 3-compartment sink, the provider can use the two compartments of the kitchen sink to wash and rinse the dishes and then use a separate plastic tub to sanitize the dishes.

## **SAFE FOOD HANDLING TIPS**

### **Recommendations For Keeping Food Safe**

#### **1. Clean and Sanitize**

- Always wash hands with soap and warm running water before handling food.
- Always wash cutting boards, knives, utensils, and dishes with the 3-compartment sink method described in this section or in a mechanical dishwasher.
- Always wash countertops with soapy, hot water and then sanitize with a solution of 1 ounce household bleach to 2 gallons of water.
- Consider using paper towels to clean up the kitchen surfaces. If using cloth towels, dishcloths, or sponges, sanitize them in between uses in a bleach water solution to prevent the spread of germs and bacteria.
- Wash dinner tables before and after use and then sanitize with a solution of 1 ounce bleach to 2 gallons of water.

NOTE: Not all products listed as a sanitizer work in the same way. For this reason, CCS recommends household bleach as the sanitizer of choice. Bleach is economical to use and kills the germs and bacteria common in a kitchen area. Some sanitizers leave a residue on the counters or equipment that can be harmful. If choosing to use a sanitizer other than household bleach, it will need to be pre-approved by CCS to assure that it kills germs associated with kitchen areas and is safe to use around food and food preparation areas.

#### **2. Storage**

- Store unopened, non-perishable foods on shelves at least 6 inches off the floor. Cupboards should keep food free of insects, dirt, etc.
- Do not store food under plumbing lines where drips could contaminate it.

#### **3. Refrigeration**

- Refrigerator temperature should be maintained at no higher than 41°F. Store meats, fish, and dairy products in the coldest part of the refrigerator.
- Store refrigerated meats in a nonabsorbent container so juices don't drip on other foods.



## **Freezing/Thawing Foods**

- Freezer temperatures should remain at 0°F or colder.
- Freezer temps slow bacteria growth but do not kill bacteria.
- Thaw food either overnight in the refrigerator or defrost in the microwave immediately before cooking. Do not thaw foods on the counter, bacteria can grow as meat thaws at room temperature.
- Never refreeze food that has been previously thawed. During thawing, bacteria can grow and remember freezing does not kill it.

## **4. Mold**

- If mold is visible on meat, poultry, or in cottage cheese, jelly, or other semi-solid foods, throw the whole product out. Mold cannot be completely removed from these types of foods.
- If a slice of bread is moldy, throw the entire loaf. The mold roots might have spread to other slices which cannot be seen.
- If mold is visible on cheese, cut away a 1-inch section surrounding the mold and throw that portion out. The rest of the cheese is fine to eat if you don't see any more mold.

## **6. Cooking**

- Thoroughly cook food to recommended internal temperatures to kill bacteria, viruses, and parasites. Use a food thermometer to make sure meats, chicken, turkey, fish, and casseroles are cooked to a safe internal temperature.
  - Cook roasts to at least 145° F.
  - Cook ground meat to at least 160° F.
  - Cook whole chicken or turkey to 180° F.
  - Cook eggs until the yolk and white are firm, not runny. Do not let children eat foods, such as cookie dough, that contain raw eggs.
  - Cook fish until it flakes easily with a fork.
- When using a microwave oven, check internal temperatures of foods. Cold spots are common in foods cooked in a microwave. These spots can support bacteria growth.

## **7. Safe Cooling and Reheating of Foods**

- Reheat foods to 165° F.
- Cook food completely. Never partially cook food, let cool, and finish cooking it later. Bacteria can grow and form toxins that will not be killed by further cooking.
- Refrigerate or freeze leftover foods right away. Meat, chicken, turkey, seafood, and egg dishes should not sit at room temperature for more than 2 hours. Left over food being saved should be cooled completely within 4 hours after cooking.
- Use left over foods within 2 days after cooking.
- Previously cooked food should be reheated only once. Rapid reheating of foods can kill bacteria but not toxins.

## **Keeping the Child Care Food Environment Safe**

1. Pets should always be kept away from food preparation areas such as tables and counters.
2. Pet food should be out of children's reach.
3. Before handling food, hands should be washed with soap and water for at least 20 seconds.
4. For food preparation, use utensils and surfaces that have been cleaned and sanitized.
5. Children's hands should be washed before and after meals and after outside play.

## SAMPLE MENUS

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Snack Or Break-fast</b>	1/2 c Banana 1/4 c Whole grain cereal 3/4 c Milk	1/2 c pears 1 pancake 3/4 c milk	1/2 c orange juice 1/2 slice toast 3/4 c milk	1/2 c apple slices 1/2 mini bagel with low fat cream cheese 3/4 c milk	1/2 c pineapple 1/4 c Cream of Wheat 3/4 c milk
<b>Lunch</b>	1 oz. chicken slices 1/2 c bean soup 1/4 c pear slices 1 corn muffin 3/4 c milk	2 meat balls 1/4 c baked sweet potato fries 1/4 c broccoli 3/4 c milk	1/2 turkey sandwich 1/2 c mashed potatoes 1/4 c carrots 1/4 c orange sections 3/4 c milk	2 oz. meat loaf 1/4 c baked sweet potatoes 1/4 c grape halves 1 dinner roll 3/4 c milk	1/2 peanut butter and jam sandwich 4 oz. yogurt 1/4 c green beans 1/4 c apricots
<b>Snack</b>	1/2 c apple slices 2 oz. low fat yogurt water	1/2 oz. string cheese 1/2 c grape juice	1 pumpkin muffin 1/2 c milk water	2 T hummus on 1/2 oz. whole wheat pita wedges water	1/2 oz. whole grain crackers 1/2 oz. cheddar cheese water

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Snack</b>	1/2 c blueberries 1 oatmeal muffin 3/4 c milk	1/2 orange juice 1 slice toast 3/4 c milk	1/2 c strawberries 1/3 c unsweetened whole-grain cereal 3/4 c milk	1/2 c kiwi slices 1 french toast stick (3/4 slice of bread) 3/4 c milk	1/2 c orange sections 1/4 c oatmeal 3/4 c milk
<b>Lunch</b>	1 1/2 oz. roasted turkey 1/4 c green beans 1/4 c red grape halves 1/2 slice whole wheat bread 3/4 c milk	11/2 oz. hamburger on 1/2 whole grain bun 1/4 c lettuce and tomato slice 1/4 c apple slices 3/4 c milk	1 tuna salad sandwich on 2 slices whole wheat bread 1/4 c peas 1/4 c banana slices 3/4 c milk	1 1/1 oz. oven baked chicken 1/4 c broccoli 1/4 c mixed fruit 1 corn muffin 3/4 c milk	1 piece of pizza with ground beef topping (1 1/2 oz. meat) 1/4 c shredded lettuce with 1 T. Ranch Dressing 1/4 c peaches 3/4 c milk
<b>Snack</b>	1/2 hard boiled egg 1/2 oz. graham crackers water	1/2 oz. mozzarella cheese 1/2 oz. wheat crackers	1 piece whole wheat muffin 1/2 c milk water	1/2 whole wheat pita pocket with 12 oz. melted cheddar cheese Water	1 fruit kabob with 1/4 c grapes and 1/4 c apple cubes 2 oz. low-fat yogurt Water

## **INCLUSION OF ALL CHILDREN**

Early childhood professionals in family child care homes use the term “integrated child care” to reflect the many different ways children with disabilities can be successfully included in child care programs.

Perhaps the easiest way to define integrated child care is to say that an integrated program is one that serves young children with disabilities. But that is only part of the story. A better way might be to say that an integrated program is one in which the special needs and interests of each child (including those with disabilities) are addressed. In this definition, it becomes clear that the care provider focuses on the strengths and needs of all children and designs activities and routines that are individually suited to each child.

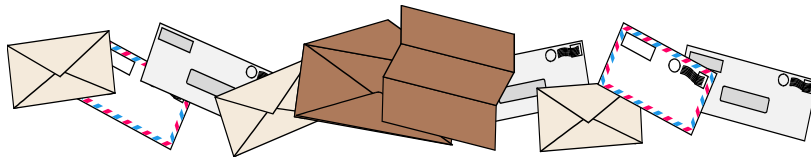
The daily routine in an integrated program doesn’t change; it is simply rearranged or modified so that everyone can join in. Activities like circle time, outdoor play, snack time, and free play periods are planned so that each child can participate. When a child has a disability, these activities may require a bit of extra planning, different materials, or perhaps adjustments in the pace or schedule. Keep in mind that it is these very same activities that children with disabilities need to experience. Integrated child care doesn’t mean turning a good child care program into a special education classroom; it means including a child with a disability in the daily routines of an already wonderful child care or preschool program.

If you looked into an integrated child care or preschool program, which would you see? Who are these children who are being enrolled in child care? The phrase “children with disabilities” doesn’t even begin to describe the variety of needs, strengths, talents, and interests of young children in integrated programs. In fact, a descriptive phrase like “child with Down Syndrome” has similar limitations because two children with Down Syndrome are no more alike than two children with brown hair. It is only when you see the individual characteristics of children that we begin to see how they can participate and learn from experiences in the child care setting.

As individual needs and strengths of children are matched to programs’ abilities, chances for successful experiences are greatly increased. The wonderful, everyday, little-kid experiences--finger painting with whipped cream, climbing up the slide, eating finger Jell-O for the first time--are just as thrilling to children with disabilities. The ability to extend these experiences to young children with disabilities is one of the main reasons integrated child care is becoming an important issue among early childhood professionals and families.

An excerpt from *Child Care Plus+ Newsletter*, Fall 1990 [www.ccplus.org](http://www.ccplus.org)

# Naming Your Business



Any person conducting business in South Dakota for profit should be aware of the legal requirements established in SDCL 37-11-1 when deciding on their business name.

If choosing a name for the business that is not your own name, state law requires that business name to be filed. The name can be filed electronically with the Secretary of State's Office or a paper file can be filed with the Register of Deeds in the county where the business is located.

No Need to File: Jane Smith's Family Daycare or Jane Smith's Daycare

Need to File: Little Teddy Bear Daycare or Little Ones Child Care Center

*To operate without filing the business name is a Class 2 misdemeanor.*

The filing fee is \$10.00 and the filing is good for 5 years.

Please contact the local Register of Deeds office or the Secretary of State's office for more information about filing a business name.

## CHAPTER 37-11

### REGISTRATION OF BUSINESS NAMES

37-11-1. 37-11-1. Filing of fictitious name statement required--Exceptions--  
Violation as misdemeanor. Any person engaging in or conducting a business for profit in this state shall file a fictitious name statement unless one of the following apply:

(1) The name of the business plainly shows the true surname of each person interested in the business; or

(2) The name of the business is on file with the secretary of state in a required business filing.

Failure to file a required fictitious name statement is a Class 2 misdemeanor. The fictitious name statement shall include the name, post office address, and residence address of each person interested in the business and the address where the main office of the business is to be maintained. The fictitious name statement shall be electronically filed with the secretary of state, or filed in paper form with any register of deeds in the state. The filing shall be renewed every fifth year thereafter. A fee of ten dollars shall be paid with each new filing and renewal. The fee shall be retained by the filing office receiving the filing.

## INDICATORS OF CHILD ABUSE AND NEGLECT

All regulated child care providers are considered mandatory reporters of child abuse and neglect and may have to report at some point. By reporting, you may save a child's life or prevent serious injury. Abuse and neglect may happen to any child at any time by anyone. Recognizing some common symptoms of abuse and neglect, can help bring about early intervention.

### Indicators of Sexual Abuse

Physical Indicators	Behavioral Indicators
Difficulty in walking or sitting	Unwilling to change for gym or participate in PE class
Pain or itching in genital area	Withdrawal, fantasy or bizarre, sophisticated, or unusual sexual behavior or knowledge
Bruises or bleeding in external genitalia, vaginal or anal areas	Poor peer relationships
Venereal disease, especially in pre-teens	Delinquent or run-away
Pregnancy	Reports Sexual Assault by Caretaker

### Indicators of Physical Neglect

Physical Indicators	Behavioral Indicators
Consistent <input type="checkbox"/> hunger <input type="checkbox"/> poor hygiene <input type="checkbox"/> inappropriate dress <input type="checkbox"/> lack of supervision, especially in dangerous activities or for long periods	Begging, stealing food  Extended stays at school; early arrival & late departure  Constant fatigue, listlessness or falling asleep in class
Unattended <input type="checkbox"/> Physical Needs <input type="checkbox"/> Medical Needs	Alcohol or drug abuse  Delinquency; thefts
Abandonment	States there is no caretaker

## Indicators of Physical Abuse

Physical Indicators	Behavioral Indicators
<p>Unexplained bruises &amp; welts:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> on face, lips, mouth</li> <li><input type="checkbox"/> on torso, back, buttocks, thighs</li> <li><input type="checkbox"/> in various stages of healing</li> <li><input type="checkbox"/> clustered, forming regular pattern</li> <li><input type="checkbox"/> reflecting shape of article used to inflict; electric cord, belt buckle, etc</li> <li><input type="checkbox"/> on several different surface areas</li> <li><input type="checkbox"/> regularly appear after absence, weekend or vacation</li> </ul> <p>Unexplained burns:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> cigar, cigarette burns, especially on soles, palms, back or buttocks</li> <li><input type="checkbox"/> immersion burns; sock-like, glove-like, doughnut shaped on buttocks or genitalia, patterned like electric burner, iron, etc.</li> <li><input type="checkbox"/> rope burns on arms, legs, neck or torso</li> </ul> <p>Unexplained fractures:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> to skull, nose, facial structure</li> <li><input type="checkbox"/> in various stages of healing</li> <li><input type="checkbox"/> multiple or spiral fractures</li> </ul> <p>Unexplained lacerations or abrasions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> to mouth, lips, gums, eyes, genitalia</li> </ul>	<p>Wary of adult contacts</p> <p>Apprehensive when other children cry</p> <p>Behavioral extremes; aggressiveness or withdrawal</p> <p>Frightened of parents</p> <p>Afraid to go home</p> <p>Reports injury by parents</p>



## Indicators of Emotional Abuse

Physical Indicators	Behavioral Indicators
Speech disorders	Habit disorders <input type="checkbox"/> sucking <input type="checkbox"/> biting <input type="checkbox"/> rocking, etc.
Lags in physical developments	Conduct disorders <input type="checkbox"/> anti-social <input type="checkbox"/> destructive, etc. Neurotic traits <input type="checkbox"/> sleep disorders <input type="checkbox"/> inhibition of play
Failure to thrive	Psychoneurotic reactions <input type="checkbox"/> hysteria <input type="checkbox"/> obsession <input type="checkbox"/> compulsion <input type="checkbox"/> phobias <input type="checkbox"/> hypochondria Behavior extremes <input type="checkbox"/> compliant <input type="checkbox"/> demanding <input type="checkbox"/> passive or aggressive Overly adaptive behavior <input type="checkbox"/> inappropriately adult <input type="checkbox"/> inappropriately infant Attempted suicide

## REPORTING CHILD ABUSE OR NEGLECT

South Dakota Codified Law 26-8A-3 describes child care providers (child welfare providers) as mandatory reporters of child abuse and neglect:

26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, **licensed or registered child welfare provider**, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in subdivision 23-3-64(2), who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.

South Dakota Codified Law 26-8A-8 describes who to make a report to:

26-8A-8. Oral report of abuse or neglect--To whom made--Response report. The reports required by §§ 26-8A-3, 26-8A-6, and 26-8A-7 and by other sections of this chapter **shall be made orally and immediately by telephone or otherwise to the state's attorney of the county in which the child resides or is present, to the Department of Social Services or to law enforcement officers.** The state's attorney or law enforcement officers, upon receiving a report, shall immediately notify the Department of Social Services. Any person receiving a report of suspected child abuse or child neglect shall keep the report confidential as provided in § 26-8A-13, except as otherwise provided in chapter 26-7A or this chapter.





The person receiving a report alleging child abuse or neglect shall ask whether or not the reporting party desires a response report. If requested by the reporting person, the Department of Social Services or the concerned law enforcement officer shall issue within thirty days, a written acknowledgment of receipt of the report and a response stating whether or not the report will be investigated.

**To report suspicions of child abuse and/or neglect, report orally to the State's Attorney, law enforcement or call Child Protection at:**

**1-877-244-0864**

## TIPS FOR REPORTING OF CHILD ABUSE AND NEGLECT

Once abuse or neglect is suspected or identified, contact the Department of Social Services or Law Enforcement as per state law requirements. Have the following information about the child(ren) available:

-  child's name, address, and phone number
-  child's age and sex
-  parent or guardians (of child), name, address, and phone number
- ☐ day and/or time the abuse or neglect was first noticed
- ☒ any marks on the child & location of the marks any other symptoms
- current location of child and of the parent/guardian
-  any other pertinent details/information

Without disclosing the source of the report, Child Protection Services will work to determine if there is sufficient information to conclude that the child is at risk.

Contact the Licensing Specialist for information, training, or to learn about special services available to protect children and strengthen families.

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***Report Child Abuse To Protect The Child, Strengthen Families,  
And Prevent Abuse 1-877-244-0864***

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## **Early Childhood Enrichment (ECE Programs)**

There are five ECE programs that promote the health, safety, and development of young children in early childhood programs by providing training and technical assistance to adults involved in day-to-day care of young children.

Training is provided on a variety of topic areas including infant and toddler care and development, activity planning, professionalism, guidance and discipline, child development, parent communication, etc. Technical assistance is also provided on issues such as behavior management, staff supervision, etc.

The ECE's also have extensive Lending Libraries. Along the same lines as a public library, providers can "check out" toys, resources, and equipment.

<b>EARLY CHILDHOOD ENRICHMENT (ECE) PROGRAMS</b>	
<b>Program</b>	<b>Coverage Area</b>
Early Childhood Connections 2218 Jackson Blvd, Suite 4 Rapid City, SD 57702 342-6464 or 1-888-999-7759	Harding, Perkins, Butte, Meade, Lawrence, Pennington, Custer, Jackson, Fall River, Oglala Lakota, Haakon, Zeibach, and Bennett
The Right Turn 124 E. Dakota Avenue Pierre, SD 57501 773-4755, 1-866-206-8206	Sully, Hyde, Hughes, Stanley, Jones, Lyman, Buffalo, Brule, Mellette, Todd, Tripp, and Gregory
Sanford Children's CHILD Services 110 6 <sup>th</sup> Ave SE, Suite 201 Aberdeen, SD 57401 262-8505 or 1-800-982-6404	Corson, Campbell, McPherson, Brown, Marshall, Dewey, Walworth, Edmunds, Day, Faulk, Potter, and Spink,
Brookings Family Resource Network HDCFS Department, Box 2218; SDSU Brookings, SD 57007 688-5730 or 1-800-354-8238	Roberts, Clark, Codington, Grant, Hamlin, Deuel, Hand, Beadle, Kingsbury, Brookings, Miner, Lake and Moody
Sanford Children's CHILD Services 1115 W. 41 <sup>st</sup> Street Sioux Falls, SD 57105 333-0698 or 1-800-235-5923	Jerauld, Sanborn, Aurora, Davison, Hanson, McCook, Minnehaha, Charles Mix, Douglas, Hutchinson, Bon Homme, Turner, Yankton, Clay, Lincoln, and Union

## **ADDITIONAL RESOURCES**

### **Program/Provider Resources**

#### **Department of Social Services – Division of Child Care Services (CCS)**

<http://dss.sd.gov/childcare/>

- Child care licensing <http://dss.sd.gov/childcare/licensing/>
- Child care subsidy <http://dss.sd.gov/childcare/childcareassistance/>
- Professional development <http://dss.sd.gov/childcare/pathwaystopd/>
- Child care searchable database  
<https://apps.sd.gov/ss45provinform/search.aspx>
- Links and resources <http://dss.sd.gov/childcare/linksandresources/>

#### **Other Websites that provide resources and information include:**

- Federal Office of Child Care - <http://www.acf.hhs.gov/occ>
- Red Leaf Press – [www.redleafpress.org](http://www.redleafpress.org)
- Child Care Aware [www.childcareaware.org](http://www.childcareaware.org)
- National Association For Family Child Care - [www.nafcc.org](http://www.nafcc.org)
- National Association for the Education of Young Children – [www.naeyc.org](http://www.naeyc.org)
- US Consumer Protection – [www.cpsc.gov](http://www.cpsc.gov)
- USDA Rural Development (grants and loans)-  
<http://www.usda.gov/wps/portal/usda/usdahome>
- Department of Education – Child and Adult Care Food Program –  
<http://doe.sd.gov/cans/cacfp.aspx>
- Small Business Administration <https://www.sba.gov/tools/search-result-page?search=child%20care%20business>

## **A CHILD CARE PROVIDER'S GUIDE TO TRANSPORTING CHILDREN**

- ✓ **All occupants of a vehicle up to age 18 years of age, must be buckled up.**
- ✓ **Children under five years of age, and under 40 pounds, are required to use an approved child safety seat in all seating positions.**
- ✓ **Only one occupant is to be restrained in each seat belt.**
- ✓ **Drivers are responsible for all passengers from birth up to age 18, which means the driver can be ticketed for not having children or youth properly restrained.**
- ✓ **This is a primary offense, which means a driver can be stopped for having children or youth not restrained in their vehicle even without another violation.**
- ✓ **South Dakota Laws:**

**SDCL 32-37-1 – Use of system required-Violation as petty offense.** Any operator of any passenger vehicle transporting a child under five years of age on the streets and highways of this state shall properly secure the child in a child passenger restraint system according to its manufacturer's instructions. The child passenger restraint system shall meet Department of Transportation Motor Vehicle Safety Standard 213 as in effect January 1, 1981. The requirements of this section are met if the child is under five years of age and is at least forty pounds in weight by securing the child in a seat belt. An operator who violates this section commits a petty offense.

**32-37-1.1. Operator to assure that passengers between ages five and eighteen wear seat belts.** Any operator of a passenger vehicle operated on a public street or highway in this state transporting a passenger who is at least five and under eighteen years of age shall assure that the passenger is wearing a properly adjusted and fastened safety seat belt system, required to be installed in the passenger vehicle if manufactured pursuant to Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. 571.208) in effect January 1, 1989, at all times when the vehicle is in motion. A violation of this section is a petty offense.

*Transportation Recommendations:*

- **A car seat is not recommended for routine sleep for children in child care or at home. Infants younger than 4 months are particularly at risk because they might assume positions that can create risk of suffocation or airway obstruction.**
- **Infants, birth to 1 year of age - should always ride in a rear-facing car seat.**
- **Toddlers, age 1 year to 3 years - Keep your 1 to 3 year old children in REAR-FACING car seats for as long as possible. It's the best way to keep them safe. They should remain in a rear-facing car seat until they reach the top height or weight limit allowed by your car seat's manufacturer.**

**Once outgrown the rear-facing car seat, they are ready to travel in a FORWARD-FACING car seat with a harness.**

- **Young Children, 4 years to 7 years of age - A forward-facing car seat with a harness should be used for the child until the child reaches the top height or weight limit allowed by the car seat's manufacturer. Once the child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.**
- **Young Children, 8 years to 12 years of age - Use a booster seat until the child is big enough to fit in a seat belt properly. To fit properly, the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not across the neck or face. The child should still ride in the back seat because it's safer there.**
- **All children younger than 13 years should be seated in the rear seat of vehicles for optimal protection.**

## **Serving Children and Families Experiencing Homelessness**

Each year, hundreds of thousands of American families face homelessness, including more than 1 million children. Typically, families become homeless as a result of some unforeseen financial crisis - a medical emergency, a car accident, a death in the family - that prevents them from being able to hold on to housing. It disrupts virtually every aspect of family life including interfering with children's education and development. The problem of family homelessness affects people from all walks of life and is not solely a "larger city issue" as many rural communities are increasingly becoming aware of the problem.

Stable access to child care benefits all children, but especially the most vulnerable children. Children and their families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness. Child care providers are in a unique position to be able to assist these children and families by supporting children's learning and development in safe, stable, and nurturing environments. When their child is in a good, safe program, parents can more readily focus on reaching their goals for stable employment, housings, etc.

### **When are children and families considered homeless?**

The South Dakota Department of Social Services, Division of Child Care Services utilizes the definition for "homeless children and youth" as defined by McKinney-Vento Homeless Education Assistance Act (<http://nche.ed.gov/legis/mv.php>). This definition includes children and families who lack a fixed, regular, and adequate nighttime residence which include:

- Children and youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- Children and families living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- Children living in emergency or transitional shelters, or who are abandoned in hospitals;
- Children and youth with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

### **What resources are available to early care and education professionals to support homeless children and families?**



**1. Training and technical assistance** is available from the regional Early Childhood Enrichment (ECE) office on identifying and serving families with young children experiencing homelessness.

**2. Connections that help support the family:**

- **Local Homeless Education Liaisons in school districts.** State Coordinators for Homeless Education can connect you with the local liaison in your area. Liaisons can refer younger siblings of school-age children in temporary housing and provide other ideas about how to reach families in temporary housing. For more information on Homeless Education Liaisons in South Dakota, please visit: <http://doe.sd.gov/oess/TitleXpartC.aspx>
- **Local Department of Social Services.** Contact your local Department of Social Services office for contact information for local transitional housing shelters and domestic violence shelters and establish a relationship with them. (<http://dss.sd.gov/>)
- **Identify and network with local agencies** providing services to families of young children experiencing or at-risk of homelessness.
- **Build a resource list** of trusted community partners and service providers that can be given to families in need.
- **Families already served in your program.** Connect regularly and authentically with families currently served by your program. Purposeful family engagement builds a trusting environment in which families are more likely to share news such as housing status transitions.

**How can Child Care Programs connect homeless children and families with child care assistance?**

- **Step 1** – Identify children who may be in temporary housing (homeless).
- **Step 2** – Contact the Division of Child Care Services for assistance with connecting families to child care subsidy, Head Start, and child care program enrollment.
- **Step 3** – Follow up to ensure the family has been served adequately.

**How are states required to serve children and families experiencing homelessness?**

- Allow homelessness children to receive Child Care and Development Fund (CDF) assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations).
- Provide training and technical assistance to child care providers on identifying and serving homeless children and families, and
- Conduct specific outreach to homeless families.

## Americans With Disabilities Act (ADA)

The Division of Child Care Services does not enforce ADA requirements, but public businesses are responsible for meeting the requirements. The following information is an excerpt from the ADA website at [www.ADA.gov](http://www.ADA.gov).

When a place of public accommodation is located in a home, the portions of the home used as a place of public accommodation are covered by title III of the American with Disabilities Act, even if those portions are also used for residential purposes. Coverage extends not only to those portions but also includes an accessible route from the sidewalk, through the doorway, through the hallway and other portions of the home, such as restrooms, used by clients and customers of the public accommodation.

For example: Judy, a family day care provider, is having a new home built. Judy intends to use two of the rooms in her new home for family day care. In addition, the children will be using the master bathroom. Even though the two rooms and bathroom will be used for residential purposes when the children are not present, all three rooms are covered by the title III new construction requirements, because the rooms are not being used exclusively as a residence. Moreover, Judy must assure that there is an accessible route to the day care rooms and bathroom.

Although compliance may result in some additional cost, a public accommodation may not place a surcharge only on particular individuals with disabilities or groups of individuals with disabilities to cover these expenses.

A public accommodation must reasonably modify its policies, practices, or procedures to avoid discrimination. If the public accommodation can demonstrate, however, that a modification would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations it provides, it is not required to make the modification.

Public accommodations are required to remove barriers only when it is "readily achievable" to do so. "Readily achievable" means easily accomplishable and able to be carried out without much difficulty or expense.

*How does the "readily achievable" standard relate to other standards in the ADA?*

The ADA establishes different standards for existing facilities and new construction. In existing facilities, where retrofitting may be expensive, the requirement to provide access is less stringent than it is in new construction and alterations, where accessibility can be incorporated in the initial stages of design and construction without a significant increase in cost.

## **AMERICANS WITH DISABILITIES ACT (ADA)**

The following information was taken from the ADA website

<https://www.ada.gov/childqanda.htm>

U.S. Department of Justice  
Civil Rights Division  
Disability Rights Section

## **COMMONLY ASKED QUESTIONS ABOUT CHILD CARE CENTERS AND THE AMERICANS WITH DISABILITIES ACT**

### ***1. Q: Does the ADA apply to child care centers?***

**A:** Yes. Privately-run child care centers -- like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks -- must comply with title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

A child care center's employment practices are covered by other parts of the ADA and are not addressed here. For more information about the ADA and employment practices, please call the Equal Employment Opportunity Commission.

### ***2. Q: Which child care centers are covered by title III?***

**A:** Almost all child care providers, regardless of size or number of employees, must comply with title III of the ADA. Even small, home-based centers that may not have to follow some State laws are covered by title III.

The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

Private child care centers that are operating on the premises of a religious organization, however, are generally **not** exempt from title III. Where such areas are leased by a child care program not controlled or operated by the religious organization, title III applies to the child care program but not the religious organization. For example, if a private child care program is operated out of a church, pays rent to the church, and has no other connection to the church, the program has to comply with title III but the church does not.

### **3. Q: What are the basic requirements of title III?**

**A:** The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services. Specifically:

- Centers cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health or safety of others or require a *fundamental alteration* of the program.
- Centers have to make *reasonable modifications* to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a *fundamental alteration*.
- Centers must provide appropriate auxiliary aids and services needed for *effective communication* with children or adults with disabilities, when doing so would not constitute an *undue burden*.
- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the *readily achievable* standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*.

### **4. Q: How do I decide whether a child with a disability belongs in my program?**

**A:** Child care centers cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. The center must make an *individualized assessment* about whether it can meet the particular needs of the child without

fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

Child care centers that are accepting new children are not required to accept children who would pose a *direct threat* (see question 8) or whose presence or necessary care would *fundamentally alter* the nature of the child care program.

**5. Q: My insurance company says it will raise our rates if we accept children with disabilities. Do I still have to admit them into my program?**

**A:** Yes. Higher insurance rates are not a valid reason for excluding children with disabilities from a child care program. The extra cost should be treated as overhead and divided equally among all paying customers.

**6. Q: Our center is full and we have a waiting list. Do we have to accept children with disabilities ahead of others?**

**A:** No. Title III does not require providers to take children with disabilities out of turn.

**7. Q: Our center specializes in "group child care." Can we reject a child just because she needs individualized attention?**

**A:** No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care. For instance, if a child with Down Syndrome and significant mental retardation applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an *individualized assessment* is required. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

**8. Q: What about children whose presence is dangerous to others? Do we have to take them, too?**

**A:** No. Children who pose a *direct threat* -- a substantial risk of serious harm to the health and safety of others -- do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an *individualized assessment* that considers the particular activity and the actual abilities and disabilities of the individual.

In order to find out whether a child has a medical condition that poses a significant health threat to others, child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings. Providers may also inquire about specific conditions, such as active infectious tuberculosis, that in fact pose a direct threat.

**9. Q: One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?**

**A:** The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time out," or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a *direct threat* -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

**10. Q: One of the children in my center has parents who are deaf. I need to have a ongoing discussion with them about their child's behavior and development. Do I have to provide a sign language interpreter for the meeting?**

**A:** It depends. Child care centers must provide effective communication to the customers they serve, including parents and guardians with disabilities, unless doing so poses an undue burden. The person with a disability should be consulted about what types of auxiliary aids and services will be necessary in a particular context, given the complexity, duration, and nature of the communication, as well as the person's communication skills and history. Different types of *auxiliary aids and services* may be required for lengthy parent-teacher conferences than will normally be required for the types of incidental day-to-day communication that take place when children are dropped off or picked up from child care. As

with other actions required by the ADA, providers cannot impose the cost of a qualified sign language interpreter or other auxiliary aid or service on the parent or guardian. A particular auxiliary aid or service is not required by title III if it would pose an *undue burden*, that is, a significant difficulty or expense, relative to the center or parent company's resources.

**11. Q: We have a "no pets" policy. Do I have to allow a child with a disability to bring a service animal, such as a seeing eye dog?**

**A:** Yes. A service animal is **not** a pet. The ADA requires you to modify your "no pets" policy to allow the use of a service animal by a person with a disability. This does not mean that you must abandon your "no pets" policy altogether, but simply that you must make an exception to your general rule for service animals.

**12. Q: If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?**

**A:** Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

**13. Q: Can I charge the parents for special services provided to a child with a disability, provided that the charges are reasonable?**

**A:** It depends. If the service is required by the ADA, you cannot impose a surcharge for it. It is only if you go beyond what is required by law that you can charge for those services. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel, and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. If the center chooses to go beyond its legal obligation and provide the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA -- such as finger-prick blood glucose tests for children with diabetes (see question 20) -- it cannot charge the parents extra for those services. To help offset the costs of actions or services that are required by the ADA, including but not limited to architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available (see question 24).

**14. Q: Our center has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?**

**A:** No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. While some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and

parents' or guardians written instructions about administering medication, centers should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

**15. Q: *We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?***

**A:** Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older

children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so. Centers must also provide diapering services to young children with disabilities who may need it more often than others their age. Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a "personal service."

**16. Q: *We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?***

**A:** It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a center does not normally provide diapering, the center should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the center would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

**17. Q: *Can we exclude children with HIV or AIDS from our program to protect other children and employees?***

**A:** No. Centers cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of



incidental contact that take place in child care centers. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

**18. Q: *Must we admit children with mental retardation and include them in all center activities?***

**A:** Centers cannot generally exclude a child just because he or she has mental retardation. The center must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable.

**19. Q: *What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?***

**A:** Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

The Department of Justice's settlement agreement with La Petite Academy addresses this issue and others (see question 26).

**20. Q: *What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?***

**A:** Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar -- or "blood glucose" -- levels before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by

the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

**21. Q: Do we have to help children take off and put on their leg braces and provide similar types of assistance to children with mobility impairments?**

**A:** Generally, yes. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the child care day. As long as doing so would not be so time consuming that other children would have to be left unattended, or so complicated that it can only be done by licensed health care professionals, it would be a *reasonable modification* to provide such assistance.

The Department of Justice's settlement agreement with the Sunshine Child Center of Gillett, Wisconsin, addresses this issue and others (see question 26).

**22. Q: How do I make my child care center's building, playground, and parking lot accessible to people with disabilities?**

**A:** Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care centers must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians, or prospective customers with disabilities) if removing the barriers is *readily achievable*, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs, and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Centers run by government agencies must insure that their programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

**23. Q: We are going to build a new facility. What architectural standards do we have to follow to make sure that our facility is accessible to people with disabilities?**

**A:** Newly constructed privately-run child care centers -- those designed and constructed for first occupancy after January 26, 1993 -- must be readily accessible to and usable by individuals with disabilities. This means that they must be built in strict compliance with the ADA Standards for Accessible Design. New centers run by government agencies must meet either the ADA Standards or the Uniform Federal Accessibility Standards.

**24. Q: Are there tax credits or deductions available to help offset the costs associated with complying with the ADA?**

**A:** To assist businesses in complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses.

The tax credit is available to businesses that have total revenues of \$1,000,000 or less in the previous tax year or 30 or fewer full-time employees. This credit can cover 50% of the eligible access expenditures in a year up to \$10,250 (maximum credit of \$5,000). The tax credit can be used to offset the cost of complying with the ADA, including, but not limited to, undertaking barrier removal and alterations to improve accessibility; provide sign language interpreters; and for purchasing certain adaptive equipment.

The tax deduction is available to all businesses with a maximum deduction of \$15,000 per year. The tax deduction can be claimed for expenses incurred in barrier removal and alterations. To order documents about the tax credit and tax deduction provisions, contact the Department of Justice's ADA Information Line (see question 30).

**25. Q: What is the Department of Justice's enforcement philosophy regarding title III of the ADA?**

**A:** Whenever the Department receives a complaint or is asked to join an on-going lawsuit, it first investigates the allegations and tries to resolve them through informal or formal settlements. The vast majority of complaints are resolved voluntarily through these efforts. If voluntary compliance is not forthcoming, the Department may have to litigate and seek injunctive relief, damages for aggrieved individuals, and civil penalties.

**26. Q: Has the United States entered into any settlement agreements involving child care centers?**

**A:** The Department has resolved three matters through formal settlement agreements with the Sunshine Child Center, KinderCare Learning Centers, and La Petite Academy.

- In the first agreement, Sunshine Child Center in Gillett, Wisconsin, agreed to: (1) provide diapering services to children who, because of their disabilities, require diapering more often or at a later age than nondisabled children; (2) put on and remove the complainant's leg braces as necessary; (3) ensure that the complainant is not unnecessarily segregated from her age-appropriate classroom; (4) engage in readily achievable barrier removal to its existing facility; and (5) design and construct its new facility (planned independently of

the Department's investigation) in a manner that is accessible to persons with disabilities.

- In 1996, the Department of Justice entered into a settlement agreement with KinderCare Learning Centers -- the largest chain of child care centers in the country -- under which KinderCare agreed to provide appropriate care for children with diabetes, including providing finger-prick blood glucose tests. In 1997, La Petite Academy -- the second-largest chain -- agreed to follow the same procedures.

In its 1997 settlement agreement with the Department of Justice, La Petite Academy also agreed to keep epinephrine on hand to administer to children who have severe and possibly life-threatening allergy attacks due to exposure to certain foods or bee stings and to make changes to some of its programs so that children with cerebral palsy can participate.

The settlement agreements and their attachments, including a waiver of liability form and parent and physician authorization form, can be obtained by calling the Department's ADA Information Line or through the Internet (see question 30). Child care centers and parents or guardians should consult a lawyer in their home state to determine whether any changes need to be made before the documents are used.

**27. Q: *Has the Department of Justice ever sued a child care center for ADA violations?***

**A:** Yes. On June 30, 1997, the United States filed lawsuits against three child care providers for refusing to enroll a four-year-old child because he has HIV. See *United States v. Happy Time Day Care Center*, (W.D. Wisc.); *United States v. Kiddie Ranch*, (W.D. Wisc.); and *United States v. ABC Nursery, Inc.* (W.D. Wisc.).

**28. Q: *Does the United States ever participate in lawsuits brought by private citizens?***

**A:** Yes. The Department sometimes participates in private suits either by intervention or as *amicus curiae* -- "friend of the court." One suit in which the United States participated was brought by a disability rights group against KinderCare Learning Centers. The United States supported the plaintiff's position that KinderCare had to make its program accessible to a boy with multiple disabilities including mental retardation. The litigation resulted in KinderCare's agreement to develop a model policy to allow the child to attend one of its centers with a state-funded personal assistant.

**29. Q: *I still have some general questions about the ADA. Where can I get more information?***

**A:** The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax back system that delivers technical assistance materials to fax machines or modems.

**800-514-0301** (voice)

**800-514-0383** (TDD)

The ADA Home Page, which is updated frequently, contains the Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues. Several settlement agreements with child care centers are also available on the Home Page.

[www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm)

The Department of Justice also operates an ADA Electronic Bulletin Board, on which a wide variety of information and documents are available.

**202-514-6193** (by computer modem)

There are ten regional Disability and Business Technical Assistance Centers, or DBTAC's, that are funded by the Department of Education to provide technical assistance under the ADA. One toll-free number connects to the center in your region.

**800-949-4232** (voice & TDD)

The Access Board offers technical assistance on the ADA Accessibility Guidelines.

**800-872-2253** (voice)

**800-993-2822** (TDD)

Electronic Bulletin Board

**202-272-5448**

The Equal Employment Opportunity Commission, or EEOC, offers technical assistance on the ADA provisions for employment which apply to businesses with 15 or more employees.

Employment questions

**800-669-4000** (voice)

**800-669-6820** (TDD)

Employment documents

**800-669-3362** (voice)

**800-800-3302 (TDD)**

If you have further questions about child care centers or other requirements of the ADA, you may call the U.S. Department of Justice's toll-free ADA Information Line at: 800-514-0301 (voice) or 800-514-0383 (TDD).

**Note: Reproduction of this document is encouraged.**

# **THE FAMILY CHILD CARE PROVIDER POLICY HANDBOOK**

## **SECTION 4 – EMERGENCY PREPAREDNESS AND RESPONSE**

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# EMERGENCY PREPAREDNESS AND RESPONSE PLAN

## Family Child Care Home Template

PLAN DEVELOPED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### PROGRAM INFORMATION:

PROVIDER NAME: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

PROGRAM ADDRESS: \_\_\_\_\_ PROGRAM PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NUMBER OF CHILDREN ENROLLED: \_\_\_\_\_ NUMBER OF HELPERS EMPLOYED: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Program	Name	Phone	E-mail
Medical Emergency		911	
Police		911	
Fire		911	
Hospital			
Poison Control			
Insurance			
Out-of-area contact person			
Near evacuation site contact			
Far evacuation site contact			
Child Care licensing specialist			
Child Protection Services			
Local Emergency Management			
Electric/gas company			
Water company			
Building inspector			
Plumber			

### LOCATION OF EMERGENCY ITEMS

- ☐ Daily list of children attending the program: \_\_\_\_\_
- ☐ Children's emergency contact information: \_\_\_\_\_
- ☐ Emergency supplies: \_\_\_\_\_
- ☐ Location of home water shut off: \_\_\_\_\_
- ☐ Location of home electrical/gas shut off: \_\_\_\_\_

### CHILD CARE EVACUATION PLAN

A child care evacuation plan is developed to assist providers and helpers in evacuating in an efficient manner and should include:

- ☐ Roles and responsibilities of providers and helpers in evacuating children and keeping them safe
- ☐ Location of exit doors
- ☐ Directions for exiting the building
- ☐ Items that should be taken when evacuating (emergency phone numbers; list of children present; etc.)
- ☐ Location where providers, helpers and children are to meet once outside



The Child Care Evacuation Plan includes the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ACCOMMODATIONS OF VULNERABLE PERSONS

A child care business is responsible for many persons who may not be able to evacuate on their own. Preplanning for more vulnerable persons helps ensure everyone is evacuated safely. Special consideration should be pre-planned for:

Infants and toddlers: \_\_\_\_\_  
\_\_\_\_\_

Children or helpers with a disability: \_\_\_\_\_  
\_\_\_\_\_

Children or helpers with a chronic medical condition: \_\_\_\_\_  
\_\_\_\_\_

### ALTERNATIVE LOCATIONS

A major piece of a child care emergency plan is having a safe place to take the children should the child care home become unsafe. Choose two alternative locations; one location should be within the day care community that children and staff can walk to. The other should be outside the day care community should that immediate area be unsafe.

1. Evacuation Site – Near (within walking distance of the day care):

Name of facility \_\_\_\_\_  
Address or location of facility \_\_\_\_\_  
Contact person(s) \_\_\_\_\_  
Site phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
Have you reviewed the monitoring checklist to ensure the facility is safe for children? \_\_\_\_\_

2. Evacuation Site – Far (outside the day care community)

Name of facility \_\_\_\_\_  
Address or location of facility \_\_\_\_\_  
Contact person(s) \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
Have you reviewed the monitoring checklist to ensure it's safe for children? \_\_\_\_\_

### SHELTER-IN-PLACE

At times when children are unable to leave the home, such as a tornado, the provider needs a plan to shelter-in-place. The space used for shelter-in-place should have access to a restroom; limited access to the outside; locks on all windows and doors; protection over windows; and access to emergency supplies.

- ☐ The shelter-in-place room is located: \_\_\_\_\_
- ☐ Emergency supplies are located: \_\_\_\_\_
- ☐ The process for sheltering-in-place is: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### EMERGENCY SUPPLIES

Child care programs will need to be prepared to accommodate several children in a small space that is often away from the items used in their care on a daily basis, such as diapers. The day care emergency supplies are kept in the following location \_\_\_\_\_, and include, but may not be limited to, the following suggested items:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> infant formula    | <input type="checkbox"/> bottled water | <input type="checkbox"/> weather radio with batteries | <input type="checkbox"/> parent contact information    |
| <input type="checkbox"/> toilet paper      | <input type="checkbox"/> paper towels  | <input type="checkbox"/> relocation site agreements   | <input type="checkbox"/> hand sanitizers               |
| <input type="checkbox"/> disposable cups   | <input type="checkbox"/> first aid kit | <input type="checkbox"/> non-perishable food items    | <input type="checkbox"/> flashlight and batteries      |
| <input type="checkbox"/> diapers and wipes | <input type="checkbox"/> plastic bags  | <input type="checkbox"/> extra children's clothing    | <input type="checkbox"/> medical releases for children |

### LOCK-DOWN PROCEDURES

In the event of a situation that may result in harm to persons inside the home, including but not limited to a shooting, hostage incident, intruder, trespassing, disturbance, or any situation deemed harmful at the discretion of the provider or public safety personnel, the provider is to have plans for a lock-down. A lockdown drill means a drill in which the occupants of a home are restricted to the interior of the home and the doors and windows are secured to ensure no one enters or leaves until it is safe to do so.

The day care procedures for lock-down include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### COMMUNICATION PLAN

During an emergency, accommodating the needs of the children in care is the priority for a provider or helpers. Communicating the emergency plan to parents, helpers, and local emergency managers prior to an emergency; and pre-planning how to notify parents when an emergency arrives, allows providers to concentrate on the children during an emergency.

- ☐ Parents will be notified by (phone tree, social media, an auto text or email, etc.): \_\_\_\_\_
  - ☐ The emergency plan is shared with parents (how, when, how often): \_\_\_\_\_
  - ☐ All helpers are trained on the emergency plan (how, when, how often): \_\_\_\_\_
  - ☐ The emergency plan is practiced with helpers and children (how, when, how often): \_\_\_\_\_
  - ☐ Plan is shared with: (local emergency managers, fire department or local Red Cross): \_\_\_\_\_
- \_\_\_\_\_

## REUNIFICATION OF CHILDREN WITH FAMILIES

After an emergency, the day care will do the following to assist in reuniting children and their parents: \_\_\_\_\_

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## RE-OPENING AFTER AN EMERGENCY

Items to consider or actions taken prior to re-opening the day care business after an emergency include:

- Have a professional inspection of the home and repair any damage.
- Restore meal service
- If the home was impacted, contact the licensing specialist to conduct a review of the home to ensure all regulations are met.

The day care plan for re-opening after an emergency includes: \_\_\_\_\_

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## Documentation of Emergency Preparedness Drills and Helper Training/Review of Plan

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Current Year \_\_\_\_\_

Emergency Preparedness Plan Annual Review Date: \_\_\_\_\_

Four Fire Drill Dates: \_\_\_\_\_

Annual Tornado Drill Date: \_\_\_\_\_

Current Year \_\_\_\_\_

Emergency Preparedness Plan Annual Review Date: \_\_\_\_\_

Four Fire Drill Dates: \_\_\_\_\_

Annual Tornado Drill Date: \_\_\_\_\_

July 2016

# EMERGENCY PREPAREDNESS

## PLANNING GUIDE FOR FAMILY CHILD CARE PROVIDERS

In South Dakota, emergencies are associated with severe thunderstorms, tornadoes, flooding, winter snow storms, and ice storms. Other emergencies that have impacted child care programs include power outages and fires. Whatever the risk, planning ahead can save lives and reduce the risk of injuries to children and helpers, while increasing the chances of returning to normal operations in a shorter period of time.

Emergency preparedness is especially important for child care programs because of the added responsibility of caring for other people's children. This Emergency Preparedness Planning Guide is intended to serve as a planning tool for family child care homes when developing an emergency preparedness and response plan. Rather than being all-inclusive, this guide provides basic disaster preparedness and emergency planning information that is tailored to fit the size and location of your business. Each child care program should develop their own Emergency Preparedness Plan and re-evaluate the plan at least annually to ensure it continues to meet the needs of the program. Emergency planning can reduce the impact of a disaster by assisting providers and helpers to effectively handle the situation in the first impact of the disaster, which can result in maintaining a calm and safe environment for the children in your care.

Things to think about in developing an Emergency Preparedness Plan include the following:

- **Keep it simple.** The directions should be short and to the point so it is easily understood and remembered by any helper or parent reading the document.
- **Keep it handy.** Use it often for reference and not hidden somewhere on a shelf. Plans are only effective if they are used.
- **Practice, practice, practice.** Practice gives people confidence to do what they are supposed to do during an emergency.

- **Communicate your plan** with helpers, parents, Board of Directors, everyone involved in your program.
- **Share your plan** with neighbors and local emergency personnel. Your plan should be a part of the larger community and state emergency preparedness plans.

All emergency preparedness plans should include four areas:

- 1. Mitigation (how to reduce the impact of an emergency)**
- 2. Preparation (before an emergency)**
- 3. Response (during an emergency)**
- 4. Recovery (after an emergency)**

Each of these areas is outlined below:

### **Mitigation - Reducing the Potential Impact of Emergencies by Planning Ahead**

1. Inspect the outside of the property – areas to consider include:

- The threat of fire is increased if flammable products are not stored safely and when trees or excess brush surround a home.
- Potential damage from flooding is increased in homes that have poor drainage, clogged or blocked rain gutters and storm drains, or a home that is located in a low-lying flood area.
- Look for large items that may blow around in high winds and break windows.
- Ensure the home address is clearly and legibly visible from the street for emergency personnel to identify.
- This inspection can also help you find potential licensing violations that can be corrected as well.

2. Inspect the inside of the home – areas to consider include:

- Maintain a current evacuation plan that is posted in the home;
- Ensure matches, lighters, and flammable liquids are inaccessible to children;
- Regularly clean and inspect heating, cooling, electrical, and gas systems to ensure they are in good working order;
- Maintain fire extinguishers near kitchen areas and ensure they are charged, and accessible in the event of a fire. Train helpers on how to properly use fire extinguishers;

- Do regular checks and maintenance of smoke detectors to ensure they are in good working condition.
- Ensure exits remain unobstructed. Check for objects that may fall or block exits which could prevent safe evacuation.
- Ensure sump pumps are in good working condition.

## **Preparation**

### **1. Disaster Drills and Procedures**

- Child care regulations require *four fire and one tornado drill* be conducted annually. Drills are recommended to be conducted on a quarterly basis during all types of weather. Conducting drills using different disaster scenarios ensures helpers become and remain familiar with their roles. Inclement weather is a fact of life in South Dakota so it is important to prepare for having to evacuate children during times of below zero temperatures, in snow storms, in rainy weather, etc.
- *Train helpers on the procedures of the drills* during helper orientation to familiarize them with their role and responsibilities during a disaster. This helps ensure that all helpers are aware of the procedures as soon as they start working in the program.
- *Conduct fire drills using the actual fire alarm.* Children tend to be afraid of loud noises so they need to be aware of what the alarm sounds like and what to do when it goes off, prior to a real fire emergency. Using the alarm for at least one drill a year will help children become familiar with the sound and help to alleviate any fears should the alarm go off in a real emergency.
- Be sure helpers and children know the signs and signals for certain types of disasters and what they are supposed to do. For example, in some communities a horn blast or several horn blasts may sound. Knowing what those signals mean can save lives. *Practice gives everyone confidence* in what they are supposed to do in each different emergency situation.
- Child care regulations require all regulated programs to have an evacuation plan. An evacuation plan should include not only the exits that should be taken to evacuate in an emergency, but include the location helpers and children are to meet outside. There should also be alternative locations

made known in case the first location is not accessible. Remember in the event of a fire, fire trucks take up much of the area and children cannot be in the way of those trucks or the work the firemen are doing.

- Have a *system in place for knowing who is in the building at all times*. A sign-in and sign-out sheet for children and helpers could be used.
- Have a *person assigned, and a back-up person assigned to take the sign-in sheets* during an evacuation so the group has a list of children and helpers present at the facility on that day. When children are assembled at the evacuation site, count the children to ensure all children were evacuated. If safe to return to the home, assemble the children inside and count them again to ensure all children are returned to the facility. Create emergency preparedness checklists so no responsibility or duty is omitted. A sample checklist is located on Page 105 of this Section.
- *Develop plans for re-locating the children* at two different sites if possible. One of the chosen sites should be within walking distance of the day care and open during the day care hours of operation so it is accessible. Choose a secondary site that is located further away from the day care, in the event a disaster should strike a large area surrounding the day care. Transporting children to this secondary site would then also need to be planned out.
- In large programs, *develop more than one way to communicate* directives to helpers. Remember that communications that depend on electrical supply may not work during an emergency.
- Establish *out- of-area phone contact numbers* where messages can be left for parents should immediate phone lines be down. Be sure parents are aware of this out-of-area contact information. This could be a relative across town, or in another county.
- Consider *involving neighborhood residents*, businesses, local governments and volunteers in your planning stages and notifying them of your final plan. If people know your plan, they can provide effective help and support to the situation.

## **2. Water Preparedness**

- Keep an adequate supply of water for helpers and children. The recommendation is one gallon per child and adult per day for a 72-hour period;
- Keep a supply of disposable cups for drinking;

- Have a supply of water for sanitation beyond what is needed for drinking;
- Date the water supply and replace unused water supplies at least once per year.

### **3. Food Preparedness**

- Maintain a dated 24-hour supply of food that does not need refrigeration and is age appropriate for the ages of children enrolled in your program. Don't forget formula;
- Store food in areas that are safe, secure, and easy to reach in most disasters;
- Date all stored food and plan to use or replace it on a regular basis;
- Keep a supply of disposable eating utensils and a non-electric can opener;
- Keep a supply of medications or health supplies if caring for children with diabetes, allergies, Epi-pens, or other special medical conditions;

### **4. Emergency Supplies to Have on Hand**

One way to have supplies readily accessible is to fill a backpack or other tote and ensure helpers know where it is located and can easily take it when needing to evacuate the building. A plastic covered tote filled with some supplies can also be stored in the facilities shelter-in-place area in case the helpers and children need to stay in the facility for extended periods of time.

Examples of items a program may have on hand include, but are not limited, to the following:

- A cell phone;
- A weather radio;
- Diapers and wipes or other sanitation supplies;
- Garbage bags;
- Hand sanitizer;
- Small or large first aid supplies or portable first aid kits that can easily be taken outside, to an alternate location, or into shelter-in-place areas.
- Portable non-electric radios and batteries;
- Flashlights;
- Extra batteries for smoke detectors, flashlights, etc.
- Personal hygiene products such as toilet paper, paper towels, etc.
- Extra bedding or blankets if utilities fail or children are required to be outside;



- Tarps or canopies for temporary shelter in case children are required to be outside for long periods of time in inclement weather.
- Ensure contact information for emergency personnel, helpers, and parents is easily accessible to all helpers at the facility;
- Small toys or books that can keep children occupied.

## **5. Business Practices**

- Have a backup system for your computer files. This system should be located away from the child care program.
- Keep a list of vendors who could provide critical repair or replacement of equipment.
- The provider should pre-determine before an emergency occurs, who in the program will be the person to make the decision to close a facility in the absence of the provider. The decision to close a day care can be difficult to make whether it is made before the day care opens for the day or after children have already arrived. Some things to think about in that decision include:
  - Pre-determine what types of emergency situations could cause the program to close and how those decisions will be handled.
  - How will helpers be notified of a closing?
  - How will parents be notified of a closing?
  - What will be the determination to re-open the day care?
  - If the program is already opened and an emergency occurs, how will parents be notified?

## **6. Communicate Your Plan**

A plan is ineffective if people who are impacted by an emergency at the home are not aware of the procedures. Communicating the plan with at least the following persons or groups can help everyone effectively manage an emergency situation:

- With local Emergency Management Offices
- With Child Care Services
- With parents, helpers and children
- With local radio or television stations and ask how they can assist in getting information broadcasted so parents can be updated efficiently.

- With people in the neighborhood, ensure they know a child care program operates at your home.
- Make plans with neighbors for shelter or assistance in the event of a disaster.

Parents will be comforted knowing that the home where their child is in care does in fact have a plan for emergencies. Knowing that helpers are aware of what to do and that they practice the plan often will also add comfort. When an emergency does strike, parents will know what the procedures are, where their child will be located, etc. The amount of chaos and panic is reduced when parents have some initial information and don't all need to call the provider to find out what is going on.

Local emergency management personnel need to know there are large concentrations of children in your home. Being informed that your home has a plan in place and what that plan is will help the emergency personnel respond.

Local residents or businesses can also be of support in evacuating, making calls, etc. if they know there are children in care at your home and what your plan of action is.

## **Response During A Disaster**

### **Shelter-In-Place**

"Shelter-in-Place" means to use any room or interior space to provide temporary shelter from a hazard. In some disasters, it may be better to keep children and helpers in the home because it is safer than evacuating, or it may be necessary because it is not possible to evacuate. In both of these cases, the program would shelter-in-place. The safest area to shelter-in-place should be determined prior to an emergency occurring and helpers and children should know where this space is located. Some things to consider when determining a shelter-in-place area include:

- A shelter is a pre-determined interior area or room of the home, which – with special provisions – can provide a barrier to protect occupants from external dangers. A common example is a tornado shelter.
- A room large enough to accommodate day care occupants. Approximately 10 square feet per person is recommended.
- Preferably an interior room at or above ground level.
- A room with as few windows, doors, and vents as possible.

- Remember that some people who are claustrophobic may not be able to shelter-in-place. Planning ahead allows a program to work all this out prior to an emergency.

To Shelter-in-place, the following procedures should be followed:

- Gather all children inside;
- Close and lock all windows and doors; locked windows seal better.
- Close blinds, shades or curtains and keep children away from windows in case one would break.
- If possible, turn off all heating, cooling and ventilation systems – anything that can ignite or cause a spark.
- Ensure all emergency supplies (#4 under the *Preparation* section listed above) are in the shelter-in-place area or taken to the area;
- Do not allow anyone to enter or leave the area until emergency personnel determine the area is all clear.
- Notify parents not to come to the day care to pick children up until the area is clear.

### **On-Site Evacuation**

Emergencies may require a program to evacuate children out of the home as quickly as possible. In those cases, the following procedures should be followed:

- Make a quick assessment of the situation and any injuries of helpers or children;
- Ensure the evacuation route is not obstructed;
- Take the attendance sheet, children's medical authorization sheets, parent contact information, and emergency supplies out too;
- Take a cell phone;
- Be prepared for the impact of inclement weather – conduct drills in different types of weather in order to be prepared;
- Assemble all children in one pre-determined location and count them to ensure all are present;
- Keep children calm for an orderly exit out of the home;
- If possible, one adult should lead the group and one adult follow the group out of the building to ensure all children stay in the group;
- Re-assemble the group outside and count children to ensure all were evacuated;

- When it is safe to return, re-assemble all children and count them to ensure all were brought back into the facility;
- Have a phone tree to notify parents of the evacuation and if necessary to identify the re-location site. Calling each parent is time intensive for child care providers during an emergency. Planning ahead allows all parents to be notified in a timely manner and takes that duty away from child care provider who need to attend to children. A phone tree typically works in the following way: child care provider calls two parents, those two parents call two more parents and all four of those parents have a list of parents to call. This way, day care providers in the emergency only have 2 parents to call then can return to attending to the children. This takes planning ahead so parents all have up-to-date parent lists and contact information, etc.

### **Off-Site Evacuation**

Emergencies, such as a fire, may require a provider to evacuate children away from the child care home and the property as quickly as possible. In those cases, the same procedures above used for on-site evacuation can be followed to get children evacuated out of the building. Programs should pre-plan to have an off-site location available for the children if needed. The program should include plans to transport the children to the off-site facility location and have prior approval from parents to do so.

### **Lock-Down**

Lock-down drill means a drill in which the occupants of a building are restricted to the interior of the building and the building is secured.

A lock-down is implemented when an event could result in harm to persons inside the child care home, including but not limited to a shooting, hostage incident, intruder, trespassing, disturbance, or any situation deemed harmful at the discretion of the provider or public safety personnel.

Procedures to follow include, but are not limited to:

- The provider should announce the "lock-down". The alert may be made using a pre-selected code word.
- All children should be kept in designated safe locations that are away from the danger. Choose a room with no windows if possible.

- Providers and helpers should ensure all children are in the safe room and ensure that no one leaves the safe area.
- Providers should secure home entrances and ensure that no unauthorized individual leaves or enters the home.
- Provider, helpers and children should remain in the safe area, locking the room door, turning off the lights, and covering any windows.
- Providers should encourage children to get under tables, behind cabinets, etc., and, if possible, engage in quiet story time activities with the children until “all clear” is announced.

There may be an emergency that impacts other businesses in the community where parents work but that does not impact the child care program. In this case, programs should have a plan in place should parents not be able to pick their child up by the regular time the day care typically closes because of that emergency. Plans should include what the program will do if parents cannot pick their children up. This could consist of helpers having to stay longer, ensuring there is food to feed the children, etc.

## **Recovery from the Disaster**

Recovery is an effort to return the day care operations to normal as soon as possible. There could be physical damage to homes that may require a series of repairs that cause this return to be a long-term process.

1. Make contact with the Division of Child Care Services. Both the Department of Social Services and the Division of Child Care Service have Emergency Preparedness Plans that include support for child care programs impacted by an emergency. There are many factors to these plans including moving additional licensing staff to the impacted area to help ensure current child care homes and facilities are safe to stay in, connecting with local emergency management personnel, helping programs relocate when necessary, ensuring continuation of payments to providers, etc. During an emergency, Child Care Services can expedite these processes to ensure families have a safe place for their children’s care.
  - Child care regulations require programs to report to Child Care Services within 24 hours, any change in circumstance that may affect the provider’s

ability to comply with regulations or ability to provide adequate care. This includes a change in the condition of a home or facility.

- Communicating with Child Care Services is especially important if there is damage to the facility, there is a need to relocate, or there have been injuries or death of a helper or children. Child Care Services staff can assist in finding a new location, expediting fire and health inspections to assure safety in a new facility, etc.
  - Since registration certificates are issued only for the location printed on the certificate and are not transferable to a different location, a new registration will need to be issued for a new location. Keep in mind that funding sources such as the Child and Adult Care Food Program and the Child Care Subsidy Program may require verification of licensure before funding can continue for care provided at a new location. In addition, insurance coverage is not necessarily transferable to a facility that is not registered.
  - Assistance contacting local emergency management personnel who can assist the program in any number of ways.
  - Assistance in brainstorming with community members, local emergency management, local child care providers, to determine the best course of action for families and providers impacted by the emergency.
2. Be familiar with local jurisdiction's damage assessment process. If your home sustains structural damage, access may be limited or prohibited and that could impact cleanup or repairs the provider plans to do.
- If you smell gas or suspect a leak, do not turn lights on or off and do not use candles. Leave the premises and call the gas company immediately.
  - If water is near any electrical units, turn off the power at the breaker or fuse.
  - Operate gas powered devices outdoors, not indoors.
3. The cumulative crisis-related stress of a disaster can dramatically impact the psychological and physical well-being of children and adults. Some signs you may see include:
- Children: withdrawn, depressed, helpless, generalized fear, loss of verbal skills, sleep disorders, lack of toileting skills, anxious attachment and clinging, uncharacteristic hostility or acting out.

Adults: withdrawal, feelings of inadequacy and helplessness, difficulty in concentration, antisocial behavior, slow to respond, substance abuse, psychosomatic or real symptoms (headache, bladder/bowel problems, chest pains, cramps, sleep disturbances, and change in food consumption patterns).

4. Homes that are prepared for disaster often have shorter recovery times. Loss of clientele and income are additional reasons for wanting to return to normal operations as soon as possible.
5. The following activities will assist the program in returning to normal operations:
  - As soon as possible after the disaster, all interior and exterior parts of the facility should be examined to determine initial damages.
  - A licensed structural architect, engineer or building inspector can help with a detailed safety inspection of the building.
  - Delays in repairs or construction could result in lost business from parents.
  - Maintain accurate records to inventory condition of furniture, office equipment, and other high cost items.
  - Develop reasonable expectations for staff and children during a disaster when coping ability is low and frustrations are high.
  - If a major disaster is declared, contact the Federal Emergency Management Agency (FEMA), the Small Business Administration (SBA), and local emergency management offices to find out about applying for disaster assistance funding.
  - Contact local fire department, state or local Office of Emergency Management, or the local Chapter of the American Red Cross regarding training for facility staff.

A list of County Emergency Managers is located at

[https://dps.sd.gov/emergency\\_services/emergency\\_management/county\\_emergency\\_managers.aspx](https://dps.sd.gov/emergency_services/emergency_management/county_emergency_managers.aspx)

6. Clean Up of Water Damaged Property. If a home is contaminated by water or sewage, or a water system is contaminated, clean up techniques are critical.
  - Dry out the area as soon as possible using sump pumps and fans;
  - Have a supply of household bleach on hand;

- Protect yourself from contamination by wearing rubber boots, waterproof gloves, and protective garments;
  - Prevent the growth of black mold, clean and disinfect inside structures thoroughly after the flood waters recede. Include removal of any sheetrock that has been saturated with flood water.
  - Wash flooded indoor areas with warm soapy water. Then rinse with a solution of ½ c (4 ounces) of regular household bleach to each gallon of water.
  - Raw, untreated sewage poses a threat to human health. Clean up should commence as soon as possible. Remove all water/sewage. Thoroughly clean and mop area with an appropriate disinfectant. Dehumidify the area.
7. Food and Water Protections. Follow these recommendations if food or water supply protections are interrupted:
- A. Safe drinking water should be a top priority. Water of safe drinking quality should also be used for food preparation. Clean water should also be available for frequent hand washing or bathing. Water must meet EPA's drinking water standard and must come from an approved water source.
  - B. Cook foods thoroughly. Keep hot foods hot, and cold foods cold in order to prevent foodborne illness. Discard frozen food that has thawed.
  - C. Food that has come into contact with flood waters should be considered contaminated and must be discarded, unless prior approval is given from the SD Department of Health.
  - D. Programs having to close due to a flood or other natural disaster should not reopen unless authorization is granted from a local regulatory authority.
  - E. Perishable food items that have been without refrigeration for more than four hours should be discarded.
  - F. Carefully examine all canned and bottled goods that have been submerged or come in contact with floodwater. Some cans or bottles may be safe to use after a good cleaning. Follow these guidelines:
    - If they appear undamaged, tin cans are usually safe. Wash the can in bleach water (1/4 c in 1 gallon of water) for one minute, then dry.
    - If cans have pitted rust spots that cannot be rubbed off with a soft cloth, contamination may have entered and the can should be discarded.



- Cans with ends that bulge or spring in and out when pressed should be discarded immediately. This usually means bacteria are growing inside.
  - If a can is crushed, dented, or creased, examine it to see if it is safe to use.
  - If no electricity is available for refrigeration and frozen food storage, use generators or ice to keep things cold.
  - If in doubt, throw it out.
8. Disinfecting. Remember to follow the manufacturer's label instructions for disinfectant products and use in areas with adequate ventilation. Adequate disinfection requires a certain chlorine dose for a minimum contact time. The Department of Health recommends 50 parts per million for an eight hour contact period. The Department of Health recommends regular household bleach sold under brand names such as "Clorox" or "Purex". Drinking water that is contaminated, even with a small amount of bacteria, can make children very sick. Contact the Department of Health at 773-4945 if your source of drinking water is or has a possibility of being contaminated.
9. Plans For Relocation of the Day Care. Providers need to plan ahead for a disaster that could damage the home to the point of having to move the program long term. A registration does not transfer from one home to another so the new home needs to be approved by the Division of Child Care Services. Child Care Services staff can assist in reviewing a different location to operate the day care, expedite the inspection processes, review child care options for parents and communities, etc. Make contact with your licensing worker immediately if the home is impacted and the day care is being moved to a different location.

## **Resources**

Every effort was made to provide accurate and up-to-date information in this document. However, new information and procedures continue to be updated so providers should seek out other resources as appropriate and review again over time.

There are many resources and agencies available to assist in disaster planning efforts. Following are some agencies to contact for further information, search “emergency preparedness” at each link:

1. Child Care Provider groups and Associations share information and resources related to disaster planning –
  - Family Child Care Providers of South Dakota [www.sdfcc.org](http://www.sdfcc.org)
  - South Dakota Assn for the Education of Young Children [www.sdaeyc.org](http://www.sdaeyc.org)
2. South Dakota Department of Health, Public Health Preparedness and Response  
<http://doh.sd.gov/Prepare/Default.aspx>
3. Local Chapter of the American Red Cross – to find your local Red Cross Chapter, go to [www.redcross.org/where](http://www.redcross.org/where)
4. Local County Emergency Managers –
5. Disaster Planning websites:
  - Federal Emergency Management Agency [www.fema.org](http://www.fema.org)
  - American Red Cross [www.redcross.org](http://www.redcross.org)
  - American Academy of Pediatrics [www.aap.org](http://www.aap.org)
  - Child Care Aware <http://usa.childcareaware.org/>
  - National Child Care Information Center – [www.nccic.org](http://www.nccic.org)
  - Federal Small Business Association [www.sba.gov](http://www.sba.gov)

## **Pre-Planning Emergency Preparedness Checklist**

- ☐ Develop a Child Care Emergency Preparedness plan for your program.
- ☐ On a regular basis, maintain the outside of the home to prevent flooding, discard debris that could enhance a fire, etc.
- ☐ On a regular basis, maintain the inside of the home to ensure for example, that smoke detectors and fire extinguishers are operational, large items are not stored on high shelves that could fall and hurt a child or helper, exits are not blocked, etc.
- ☐ Share the Emergency Plan with all helpers, parents, local emergency personnel and neighbors. Inform them of where the re-location sites are; what numbers to call in order to reach the provider in an emergency; etc.
- ☐ Train helpers annually in the emergency procedures. Train new helpers during their orientation training when they start their job.
- ☐ Conduct 4 fire and 1 tornado drills per year. Practice in all kinds of weather, and under a variety of circumstances so helpers and children are prepared for rain, snow, cold, etc.
- ☐ Ensure the evacuation plan posted in the home reflects the actual layout and exits of the home.
- ☐ Develop a system for knowing who is in the home at all times. Sign-in/sign-out sheets provide a quick assessment option.
- ☐ Choose two alternative locations that helpers and children can use should the home become unsafe. One facility should be within walking distance and one facility further away in case the entire neighborhood is unsafe.
- ☐ Establish an out-of-area phone number for parents or helpers to call should the immediate area phone lines be down. This number could be a relative who lives across town, or in the next county.
- ☐ Have a 24-hour supply of water, food and emergency supplies stocked in a room at the home that could be used for Sheltering-in-Place. Page 9 of the Guide contains a list of items to stock. Have a smaller supply of these items in a backpack or two that is easily accessible should the day care need to evacuate the home.
- ☐ Have systems in place for backup of business files and other means to save records and data.
- ☐ Inform helpers of what their role is: who calls 911, who is to count children, etc.

## **Emergency Evacuation Checklist**

Should a child care provider need to evacuate children from the home, the following checklist provides a sample overview of what steps should be followed. This checklist should be used as an example. Each child care provider should, as part of their Emergency Preparedness Plan, create a checklist that meets the needs of their particular program.

- ☐ Do a quick assessment whether the program needs to evacuate or shelter-in-place. Determine whether children can meet on the day care property or whether one of the pre-determined alternative sites needs to be used.
- ☐ Declare to any helpers that the home is evacuating;
- ☐ The designated person takes the sign-in/sign-out sheet, the emergency medical authorization sheets, and parent contact information out with them.
- ☐ The designated person takes out the backpack, filled with emergency supplies;
- ☐ The designated person takes a cell phone out;
- ☐ Keep children calm and orderly for the evacuation;
- ☐ If possible, one adult should lead the group and one adult follow the group out of the building to ensure no one is left behind;
- ☐ Once outside, assemble all children in the pre-determined meeting place and count them to ensure the number matches the number of children who are on the sign-in sheets.
- ☐ Once evacuation is completed, ensure 911 is called and the phone tree for parents is started with the first call made to one parent. The parents then take over the rest of the calls. Contact any helpers not already at the home to notify them of the emergency and where the children are located.
- ☐ Make a quick assessment of the situation and assess any injuries of helpers or children;
- ☐ When it is safe to return, re-assemble all children and count them to ensure all were brought back into the home;

## **PREPAREDNESS – NATURAL DISASTERS**

### **HEAT WAVE**

#### **If a Heat Wave Is Predicted or Happening...**

- Avoid heavy physical activity. If it is necessary to be outside, do it during the coolest part of the day, which is usually in the morning hours.
- Stay indoors as much as possible. If air conditioning is not available, stay on the lowest floor approved for use. Try to go to a public building with air conditioning each day for several hours. Remember, electric fans do not cool the air, but do help to evaporate sweat, which cools a person's body.
- Wear lightweight, light-colored clothing. Light colors will reflect away some of the sun's energy.
- Drink plenty of water, even if not feeling thirsty. The body needs water to keep cool.
- Water is the safest liquid to drink during heat emergencies. Avoid drinks with caffeine in them. They can make a person feel good briefly, but make the heat's effects on the body worse.
- Eat small meals and eat more often. Avoid foods that are high in protein, which increase metabolic heat.
- Avoid using salt tablets unless directed to do so by a physician.

#### **Signals of Heat Emergencies...**

- Heat exhaustion: Cool, moist, pale, or flushed skin; heavy sweating; headache; nausea or vomiting; dizziness; and exhaustion. Body temperature will be near normal.
- Heat stroke: Hot, red skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing. Body temperature can be very high-- as high as 105 degrees F. If the person was sweating from heavy work or exercise, skin may be wet; otherwise, it will feel dry.

#### **Treatment of Heat Emergencies...**

- Heat cramps: Get the person to a cooler place and have him or her rest in a comfortable position. Lightly stretch the affected muscle and replenish fluids. Give a half glass of cool water every 15 minutes. Do not give liquids with alcohol or caffeine in them, as they can make conditions worse.
- Heat exhaustion: Get the person out of the heat and into a cooler place. Remove or loosen tight clothing and apply cool, wet cloths, such as towels or sheets. If the person is conscious, give cool water to drink.
- Make sure the person drinks slowly. Give a half glass of cool water every

15 minutes. Do not give liquids that contain alcohol or caffeine. Let the victim rest in a comfortable position, and watch carefully for changes in his or her condition.

- Heat stroke: Heat stroke is a life-threatening situation. Help is needed fast. Call 9-1-1 or your local emergency number. Move the person to a cooler place. Quickly cool the body. Immerse victim in a cool bath, or wrap wet sheets around the body and fan it. Watch for signals of breathing problems. Keep the person lying down and continue to cool the body any way possible. If the victim refuses water or is vomiting or there are changes in the level of consciousness, do not give anything to eat or drink.

## **TORNADOES**

### **Prepare a Home Tornado Plan**

- Pick a place where persons could gather if a tornado is headed your way. It could be a basement. If there is no basement, use a central hallway, bathroom, or closet on the lowest floor. Keep access to this area clear.

### **Stay Tuned for Storm Warnings**

- Listen to the local radio and TV stations for updated storm information.
- Know what a tornado WATCH and WARNING means:
  - A tornado WATCH means a tornado is possible in the area.
  - A tornado WARNING means a tornado has been sighted and may be headed for the area. Go to safety immediately.

### **When a Tornado WATCH Is Issued...**

- Listen to local radio and TV stations for further updates.
- Be alert to changing weather conditions. Blowing debris or the sound of an approaching tornado also be an alert. Many people say it sounds like a freight train.

### **When a Tornado WARNING Is Issued...**

- If inside, go to the safe place determined to protect individuals from glass and other flying objects. The tornado may be approaching the area.
- If outside, hurry to the basement of a nearby sturdy building or lie flat in a ditch or low-lying area.
- If in a car or mobile home, get out immediately and head for safety.

### **After the Tornado Passes...**

- Watch out for fallen power lines and stay out of the damaged area.

- Listen to the radio for information and instructions.
- Use a flashlight to inspect the home for damage.
- Do not use candles at any time.

### **Make Your Home Fire Safe**

- Smoke alarms save lives. Install a smoke alarm outside each sleeping area and on each additional level of the home.
- If people sleep with doors closed, install smoke alarms inside sleeping areas, too.
- Use the test button to check each smoke alarm once a month. When necessary, replace batteries immediately. Replace all batteries at least once a year. Activate the alarm during at least one drill so children know what it sounds like.
- Vacuum away cobwebs and dust from the smoke alarms monthly.
- Smoke alarms become less sensitive over time. Replace the home smoke alarms every ten years.
- Consider having more than one working fire extinguisher in the home. Get training from the fire department in how to use them.
- Consider installing an automatic fire sprinkler system in the home.

### **Plan Your Escape Routes**

- Develop an escape plan. Determine at least two ways to escape from every room.
- In a home, consider escape ladders for sleeping areas on the second or third floor in case the door exit is blocked. Learn how to use them and store them near the window.
- Select a location outside the home where everyone meets after escaping. Select an alternate place in the event of inclement weather (when children can't meet at the mailbox because of rain or cold).
- Practice the escape plan at least four times per year. It is important to practice the drill in inclement weather as well. The plan will be different if an emergency occurs in the middle of winter and the children don't have shoes or coats on when they evacuate the home.
- Contact your local fire station to make them aware that you provide child care services. This will alert them to look for additional children in the event firemen are needed to assist with exiting from the home.

### **Escape Safely**

- Once out of the home, stay out. Call the fire department from a neighbor's home.

- If there is smoke or fire blocking the first escape route, use the second way out. If exiting through smoke, crawl low under the smoke to the exit.
- If escaping through a closed door, feel the door before opening it. If it is warm, use the second way out.
- If smoke, heat, or flames block the exit routes, stay in the room with the door closed. Signal for help using a bright-colored cloth at the window. If there is a telephone in the room, call the fire department and tell them your location.

## **DISASTER PREPAREDNESS – ACTS OF TERRORISM**

### **PREPARATION**

Finding out from emergency personnel the types of terrorism disasters that can happen in your area is the first step. After determining the events possible and their potential in your community, it is important to discuss them with others in the home. Develop a disaster plan together.

### **IF DISASTER STRIKES**

- ✓ Remain calm and be patient.
- ✓ Follow the advice of local emergency officials.
- ✓ Listen to your radio or television for news and instructions.
- ✓ If the disaster occurs near you, check for injuries. Give first aid and get help for seriously injured people.
- ✓ If the disaster occurs near the home, check for damage using a flashlight. Do not light matches or candles or turn on electrical switches. Check for fires, fire hazards and other household hazards. Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- ✓ Shut off any other damaged utilities.
- ✓ Confine or secure household pets.
- ✓ Call the out of area emergency contact to give instructions they can share—do not use the telephone again unless it is a life-threatening emergency.

### **Additional Positive Steps**

Planning to an emergency can save stress on providers and should include:



- Have a clear evacuation plan that is practiced with the children on a regular basis so children are aware of what that plan is, how to get out and where to meet once outside.
- Have a plan for how you will evacuate children who are not mobile.
- Ensure the meeting place after evacuation takes into consideration winter weather. For example, a plan to meet out by the gate may not be feasible if it is 10 degrees below zero.
- Identify two possible relocation sites – one in the neighborhood and one outside the neighborhood. Make contact with the owners to determine their willingness to provide emergency shelter for the day care. Determine how to get inside the building, what supplies will be needed, and what responsibilities there are in using that facility.
- Have a plan for emergency transportation if the vehicle does not have enough passenger restraints to transport all the children in care.
- Encourage parents to find alternative child care options should the day care need to close.
- Ensure all emergency contact information for parents or alternatives is current. Obtain cell phone numbers of parents if applicable.
- Develop a phone tree so parents can be called as quickly as possible.
- Share the emergency plan with parents, including where their children will be located should evacuation of the day care be necessary.
- Share the plan with local emergency responders.

## **RESOURCES**

2. The American Red Cross - website: [www.redcross.org](http://www.redcross.org)
2. The Administration for Children and Families, Office of Child Care in the U.S. Department of Health and Human Services has many resources:  
<http://www.acf.hhs.gov/programs/occ/resource/emergency-preparedness-and-response-resources-for-child-care-providers>.  
  
<http://disasterplaybook.org/wp-content/uploads/2015/12/DHHS-Resource-Guide-for-Childcare-Programs.pdf>

## **FAMILY CHILD CARE PROVIDER POLICY HANDBOOK SECTION 5 – SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES OF SOUTH DAKOTA**

The regulations for family child care are based in Administrative Rules of South Dakota (ARSD) and the South Dakota Codified Laws (SDCL).

### **Administrative Rules of South Dakota (ARSD)**

Regulated child care providers receive the following Administrative Rules of South Dakota (ARSD) Chapters, that pertain to family child care, at initial registration time and at each renewal time:

67:42:03 Family Day Care Homes

67:42:16 Scope of Services for Child Care Programs

These rules can also be accessed at <http://sdlegislature.gov/Rules/default.aspx>. Type in the chapter (for example 67:42:03) and select "Get All". Or type in the specific rule number (for example 67:42:03:08) and select "Get Rule".

### **South Dakota Codified Laws (SDCL)**

The primary laws that pertain to child care regulation are found in Chapter 26-6 of the South Dakota Codified Laws. There are also laws contained in other Chapters that pertain to family child care. A list of the pertinent laws can be found on the following pages.

The laws can be found in their entirety at:

[http://sdlegislature.gov/Statutes/Codified\\_Laws/default.aspx](http://sdlegislature.gov/Statutes/Codified_Laws/default.aspx). Click on 'Quick Find' and type in the law number.

## **South Dakota Codified Laws Related to the Operation of a Child Care Program**

**26-6-1. Agencies and institutions defined as child welfare agencies--  
Department of Social Services.**

**26-6-1.1. Chapter not applicable to day care services provided by school board  
for children of enrolled students.**

**26-6-9. License or registration required for child care or placement by public  
or private agency--Waiver violation as misdemeanor.**

**26-6-11. Application for license--Investigation--Issuance--Conditions--Records--  
Public inspection.**

**26-6-12. Provisional license authorized.**

**26-6-13. Duration of licenses--Suspension or revocation--Assignment  
prohibited--Display or availability for inspection.**

**26-6-14. Categories of child welfare agency licenses.**

**26-6-14.1. Family day care defined--Number of children allowed.**

**26-6-14.2. Registration of family day care homes--Rules--Exemption--  
Investigation--Duration of registration--Assignment prohibited.**

**26-6-14.3. Issuance of child welfare license--Criminal record of applicant to be  
secured--Waiver by applicant--When application denied.**

**26-6-14.4. Persons to whom criminal record requirement applies.**

**26-6-14.5. Waiver, fingerprinting, and declaration as condition of  
employment--Time--Immediate termination of employee.**

**26-6-14.6. Meaning of conviction--Evidence of conviction.**

**26-6-14.7. Transfer of criminal record clearance when changing employment.**

**26-6-14.8. Unregistered family day care defined--Number of children allowed.**

**26-6-14.9. Submission of employees' names to department--Central registry  
background checks--Notification to provider--Issuance of certificate.**

**26-6-14.10. Prohibition of licensure, registration, or operation by person  
convicted of child abuse or other felony, or whose name appears on registry--  
Failure to report as misdemeanor.**

**26-6-14.11. Prohibition of child care by person convicted of child abuse, sex offense, or other felony, or whose name appears on registry--Violation as misdemeanor.**

**26-6-14.12. Before and after school day care exempt from zoning, uniform building, and safety provisions.**

**26-6-14.13. Information from another state's central registry or national crime database to be used only for background check for approval of foster or adoptive placement.**

**26-6-15. Specification in licenses and registration certificates of work authorized.**

**26-6-15.1. Additional number of children in day care--Staff-to-child ratios.**

**26-6-15.2. Additional number of children in day care center operating preschool program.**

**26-6-16. Rules for child care by licensed or registered agencies promulgated by department--Matters included in rules..**

**26-6-18.1. Establishment and support of day care centers by counties and municipalities.**

**26-6-18.3. Appropriation for day care centers.**

**26-6-18.4. Approved programs required for payments to nonprofit organizations--Records and periodic audit.**

**26-6-18.5. Exemption of program from zoning, building and fire and life safety codes.**

**26-6-19. Department of Health visitations and inspections.**

**26-6-20. Records on children in care of agencies--Information confidential.**

**26-6-20.8. Violation of moneys provisions as cause for revocation of facility's license.**

**26-6-23. Grounds for revocation or refusal to issue or renew child welfare agency license or registration.**

**26-6-23.1. Revocation or refusal to issue or renew license or registration for child abuse or violence.**

**26-6-23.2. Central registry background checks on employees.**

**26-6-24. Notice of intended revocation or refusal of renewal of license or registration--Hearing on protest--Temporary suspension.**

**26-6-25. Investigation by department of unlicensed and unregistered operations--Further action by department.**

**26-6-27. Educational and incidental activities exempt from chapter--State institutions.**

#### **OTHER LAWS THAT PERTAIN TO CHILD CARE**

**25-7A-56. Prohibition against issuance or renewal of professional license, registration, certification, or permit of applicant in child support arrearage--Adoption of rules by state agencies.**

**26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor.**

**26-8A-8. Oral report of abuse or neglect--To whom made--Response report.**

**26-8A-11. Request to amend or remove record--Administrative hearing--Decision.**

**26-8A-13. Confidentiality of abuse or neglect information--Violation as misdemeanor--Release to certain parties.**

**32-37-1. Use of system required--Violation as petty offense.**

**32-37-1.1. Operator to assure that passengers between ages five and eighteen wear seat belts.**

**34-46-14. Smoking in public or place of employment prohibited--Petty offense.**

**34-46-16. Inapplicability to private residences unless used for day care.**

**1-26-29. Notice and hearing required for revocation or suspension of license--Emergency suspension.**